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THE CONCEPT OF TRANSFERENCE

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I

In 1914 Freud published a paper, *On the History of the Psychoanalytic Movement*,¹ marked by a belligerency unusual in his quietly scientific works. It was a polemic directed against detractors of psychoanalysis, in particular against the 'schools' Adler and Jung had attempted to found after their secession from psychoanalysis. It was pertinent and necessary to Freud's purpose in writing this paper that he should establish clearly what psychoanalysis is and what it is not, in the opinion of its founder; accordingly we find in it certain statements of great importance. Among these is the following:

Any line of investigation, no matter what its direction, which recognizes these two facts [of transference and resistance] and takes them as the starting point of its work may call itself psychoanalysis, though it arrives at results other than my own. But anyone who takes up other sides of the problem while avoiding these two premises will hardly escape the charge of misappropriating by attempted impersonation, if he persists in calling himself a psychoanalyst.²

This, then, was to be the distinguishing mark of the genuine psychoanalyst, and from it sprang the well-known technical admonition that the genuine psychoanalyst must analyze the resistances and 'handle' the transference; and there can, indeed, be no quarrel among psychoanalysts as to the wisdom and rightness of Freud's statement and its technical consequences. It is the latter half of this technical dictum which occupies our interest in this paper.

The literature of psychoanalysis is filled with references to transference; yet the impression gained about transference from

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¹ Freud: *On the History of the Psychoanalytic Movement*. Coll. Papers, I, p. 287.

² *Ibid.*, p. 298.

reading this literature is vague, and the concept is so broad and indefinite that students of psychoanalysis are regularly bewildered by what is meant concretely by the admonition to 'handle' the transference. Doubtless their training analyses and the supervision of their clinical work give them some clear and definite ideas on this subject, but they do not gain much in this respect from their reading.

The source of this vagueness and confusion is to be found in Freud's statements on the subject. These fall into two categories. Most often he regards transference as embracing the whole 'affective relationship to the physician (transference)';³ at other times he gives intimations of a more precise concept.

A few quotations from Freud will serve to illustrate. The following support the opinion that he regarded transference as about equivalent to the rapport between patient and analyst.

The transference alone frequently suffices to bring about a disappearance of the symptoms of the disease, but this is merely temporary and lasts only as long as the transference itself is maintained. The treatment is then nothing more than suggestion, not a psychoanalysis. It deserves the latter name only when the intensity of the transference has been utilized to overcome the resistances; only then does illness become impossible, even though the transference is again dissolved as its function in the treatment requires.⁴

Hence it follows that the new sources of strength for which the sufferer is indebted to the analyst resolve themselves into transference and instruction (by explanation). The patient only makes use of the instruction, however, in so far as he is *induced to do so by the transference*; and therefore *until a powerful transference is established* the first explanation should be withheld.⁵ (Italics added.)

When the transference has developed to a *sufficiently strong attachment* the treatment is in a position to prevent all the

³ Freud: *Observations on 'Wild' Psychoanalysis*. Coll. Papers, II, p. 302.

⁴ Freud: *Further Recommendations on the Technique of Psychoanalysis*. Coll. Papers, II, p. 364.

⁵ *Ibid.*, p. 365.

more important of the patient's repetition-actions . . .⁶
(Italics added.)

The main instrument, however, for curbing the patient's compulsion to repeat and for turning it into a motive for remembering consists in the handling of the transference . . . *We admit it into the transference* as to a playground, in which it is allowed to let itself go in almost complete freedom and is required to display before us all the pathogenic impulses hidden in the depths of the patient's mind.⁷ (Italics added.)

The following quotations contain the intimations that Freud regarded transference as being something more precise than the entire rapport between patient and physician.

If we examine the latter class in order to define this difference [between patients behaving as if under hypnosis and those who behave differently], we may say that here the patient *remembers* nothing of what is forgotten and repressed, but that he expresses it in *action*. He reproduces it not in his memory but in his behavior; he *repeats* it, without of course knowing that he repeats it.⁸

The relation between this compulsion to repeat and the transference is naturally what will interest us most of all. We soon perceive that *the transference is itself only a bit of repetition* . . . We must be prepared to find, therefore, that the patient abandons himself to the compulsion to repeat, which is now replacing the impulse to remember, not only in his relation with the analyst but also in all other matters occupying and interesting him at the time, for instance, when he falls in love or sets about any project during the treatment.⁹
(Italics added.)

Fenichel, whose knowledge of the entire literature of psychoanalysis was encyclopedic and whose thought is representative of the very best among psychoanalysts, summarized succinctly

⁶ *Ibid.*, p. 373.

⁷ *Ibid.*, p. 374.

⁸ *Ibid.*, p. 369.

⁹ *Ibid.*, p. 370.

what may be regarded as the 'official' concept of transference among psychoanalysts.

The patient misunderstands the present in terms of the past; and then, instead of remembering the past, he strives, without recognizing the nature of his action, to relive the past and to live it more satisfactorily than he did in childhood. He 'transfers' past attitudes to the present.¹⁰

This description of transference, while extremely useful, nevertheless fails to give specific indications of the important technical consequences of the concept. The key to the difficulty in the passage quoted lies in the word *misunderstand*. This produces the idea of blind, repetitive behavior, having no specific purpose (apart from resistance to therapy), as if a phonograph had been set in motion and one had simply neglected to turn it off. The technical conclusion that follows from such a concept is that all that is required on the part of the analyst is to detect the transference, call it to the patient's attention, show him when and how it got started, and then the patient will, so to speak, turn off the record.

The young analyst is confronted, for example, with a situation in which a patient evinces and declares an intense erotic absorption with the person of the analyst. The analyst recognizes this phenomenon as transference; he points out to the patient that she has no erotic interest in the analyst himself but has merely transferred to him feelings and impulses originally experienced toward someone else, perhaps the patient's father. A long period of working through follows in which the patient either recalls or reconstructs that at the age of three or four she had an intense erotic longing for her father and that she regarded her mother or her sister as a rival for his affections. When this working through is completed, the analyst expects that the patient will have understood the repetitive nature of her erotic drive toward him and that it will accordingly vanish. This

¹⁰ Fenichel, Otto: *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton & Company, Inc., 1945, p. 29.

may indeed occur; but very soon the same erotic drive toward the analyst is apt to reappear.

Such an experience is disillusioning and disappointing to the young analyst. He feels frustrated and helpless, begins to doubt his competence as an analyst, or—even more destructively—to doubt the effectiveness of psychoanalytic therapy. He may begin to adopt techniques which are merely educative and pedagogic, which are at best nonanalytic, may be antianalytic or, worst of all, antitherapeutic.

Since, as Freud has told us, the analysis of transference is perhaps the most useful and the most indispensable of all technical instrumentalities, it behooves us to develop a concept of transference more specific and with sharper, more precise outlines than any of those quoted, which I have chosen for quotation because, to my knowledge, they are the best to be found in the literature.

II

In attempting to construct such a concept of transference, two statements of Freud are of the greatest utility. The first of these, already quoted, states that ' . . . the patient *remembers* nothing of what is forgotten and repressed, but that he expresses it in *action*. He reproduces it not in his memory but in his behavior; he *repeats* it, without of course knowing that he repeats it.' The other statement¹¹ is to the effect that all transference phenomena may be regarded as examples of the operation of the *repetition compulsion*.¹²

Here Freud places transference in the same category with the anxious dreams of the traumatic neurosis. These dreams typi-

¹¹ Freud: *Beyond the Pleasure Principle*. New York: Boni & Liveright, 1922, pp. 21-24.

¹² It is difficult to discover precisely what Freud regarded as the relationship between transference and the repetition compulsion. It appears that he thought of them as overlapping concepts.

It is this writer's opinion that it is both epistemologically and clinically advantageous to consider transference phenomena as wholly subsumed under the repetition compulsion.

cally constitute a series in which, at the beginning, anxiety is experienced with all the intensity of the traumatic experience itself, but, as time goes on, the intensity of the anxiety gradually diminishes until the series closes with a dream in which no anxiety is felt because the dreamer has complete mastery over the dream situation. If, for example, the original traumatic situation was one in which the patient was in the close vicinity of a violent explosion, the early dreams in the series will reproduce the explosion in all its nearness and violence; later dreams will represent explosions not so close by and not so violent, while the terminal dream may be of a cap pistol exploding harmlessly and at some distance.

The function of such a dream series, repetitive but with diminishing anxiety, would seem to be that of producing in the patient by rehearsal, as it were, a feeling of mastery over the original trauma: a subjective conviction that such a situation could never again take him unawares and could never again find him helpless. This is the sense in which Freud understands such a dream series, and one must agree that the interpretation is accurate. Of course, the sense of mastery thus achieved is largely illusory, the mastery being highly subjective and the whole process being mainly a kind of self-reassurance, a kind of schizoid manipulation of one's own psyche, rather than an objective mastery which will enable one to deal confidently and effectively with such traumatic situations, should they recur in the future. Obviously the patient has learned nothing new from such a series of dreams, nothing which would make him any more secure or any less terrified if he experienced another unexpected and violent explosion in his near vicinity. But the process has served to restore his shaken self-confidence and his confidence in the relative safety of the world he lives in. It is interesting to observe that such patients in their desperate need take recourse to the learning process (mastery through rehearsal), a process of the most profound significance in the development of the race and of the individual, proficiency in which is an important mark of distinction between man and other animals, as well as among human beings. It is pathetic, however,

to note that in such circumstances recourse is taken to the learning process as to a rock of reliability, whereas it is impossible to learn not to feel helpless and terrified in the presence of a violent, unexpected explosion.

However this may be, Freud categorized such behavior as that seen in the dream series of the traumatic neurosis under the heading of the repetition compulsion. From the existence of a repetition compulsion in the human psyche Freud drew momentous conclusions familiar to all students of psychoanalysis. Whether the repetition compulsion appears in the dreams of traumatic neurotics or in the manifestations of transference, it is the attempt to master, by a series of 'rehearsals', situations in which the individual has found himself helpless to cope with external reality. The forces in external reality which have found him helpless may be physical and mechanical (as in the traumatic neurosis) or they may be psychic and social. Common among the latter would be the stone wall of the love relationship between the parents against which the waves of œdipal strivings break in vain; or the rigorousness of a stern and vigilant mother in toilet training or other disciplinary situations; or the withdrawal, physiologically conditioned, of the mother's breast at the period of weaning.

We have a strong tendency to refuse to accept the fact that external forces, both mechanical and human, exist which are more powerful than ourselves and over which we can exert no measure of control. The repetition compulsion constitutes an attempt to evade this fact, and transference is one of its manifestations.

III

In the light of what has thus far been said, transference may be defined as a repetitious attempt to rectify in action a traumatic situation which, though it is in a sense 'remembered', cannot be recalled; it is the attempt to learn, by a series of rehearsals, how not to be helpless or powerless in a situation which originally found us so—the original situation being 'remembered'

(implied in acting out) although not consciously recalled.¹³ Such attempts continue to be made in a variety of forms throughout the patient's life, until he has learned to understand the nature and purpose of his behavior and becomes convinced of its futility. If he never learns this, it is extremely likely that he will continue to engage in processes of transference throughout his life.

A clear distinction should be made between a traumatic *situation* and a traumatic *event*: a traumatic event is a single occurrence, highly circumscribed in time; a traumatic situation is of much longer duration. Transference may ensue upon either a traumatic event or a traumatic situation. It is my impression, however, that the latter is a great deal more usual as the stimulus which sets the dynamism of transference in motion.

When one defines transference in this way, it becomes apparent first, that transference cannot be confined to psychoanalytic psychotherapy. Freud said as much in one of the passages cited; moreover, it is clear that this kind of attempt to master a psychic trauma which originated in childhood would begin operating in childhood; besides, we know of innumerable instances, while analysis is in progress, of transferences involving persons other than the analyst.

Second, if transference is of the nature defined, any human behavior which is not of this nature is not transference. This truism has far-reaching consequences, for it compels us to acknowledge that transference cannot encompass the whole affective relationship with the analyst, but only those specific manifestations of it that fall within the definition. It is, rather, a psychic dynamism as specific and circumscribed as dreaming. We should therefore not speak of *the* transference but rather of *a* transference, just as we would speak of *a* dream of a patient and not *the* dream. Transference is a dynamism that may occur *within* a relationship and cannot constitute an entire relationship.

¹³ During psychoanalysis the traumatic situation is of course capable of recall or at least of reconstruction. But at the time of acting out, the original traumatic situation remains, as regards memory, at the psychic level of unconscious functioning.

The only sense in which the latter could be true would be based upon the supposition that every thought, every feeling, every reaction of the patient involving the analyst constitutes an attempt at rectifying some trauma in the patient's past. This is manifestly absurd and implies that the patient is incapable of any genuinely objective appraisal of any current relationship. The phenomenon of transference is one which stands out glaringly in the behavior and attitudes of a person otherwise quite as capable of objective judgments and behavior as the rest of us, and indeed it becomes detectible as a very special phenomenon for precisely this reason. It is loose reasoning to think that when a patient smiles and says, 'Good morning' to the analyst, this is a manifestation of transference, and it is unnecessarily burdensome if one proceeds upon the basis of regarding such behavior as transference and attempts to analyze it as such; besides, by regarding everything as transference, one is apt to overlook genuine transference and to lose the opportunity, on many occasions, of being really helpful to one's patients.

Clinically, transference may be detected by two qualities which are always present: it is always *irrational*, no matter how well it may be rationalized, and is always subjectively *disagreeable* to the person experiencing it. If both of these qualities are not present, it is safe to say that the behavior is not transference. According to this definition, positive transference does not exist. In so far as transference is always subjectively disagreeable—and this is true as well of erotic transference—and in so far as transference always implies the effort to overcome some opposing force, it is always tinged with some hostile feeling; however, Freud's two categories—of positive and negative transference—were based upon the broader, less precise of his two concepts of transference, and refer rather to the whole relationship between patient and analyst than to the more precise dynamism I have attempted to define. Feelings of friendliness and coöperation toward the analyst, in so far as they are genuine and appropriate to the actual situation, are not, to my mind, transference. While such feelings may rightly be called positive, according to the narrower definition of the term they cannot be regarded as transference at all.

The two advantages of considering transference in these more precise terms are epistemological and clinical. Since the interpersonal relationship of patient and analyst may be simply referred to as the analytic relationship or situation, it is both redundant and confusing to refer to it also as 'the transference'. Furthermore, the concept of transference here presented is a highly specific dynamism of the human psyche, operating in a specific way and for a specific purpose.

More important are the clinical advantages in 'handling' transference. When we have detected a patient engaging in transference—with the pathognomonic signs of irrationality and subjective discomfort—we must attempt to help the patient discover what the original traumatic situation was, what specific helplessness or powerlessness was originally involved, and in what way the transference behavior attempts to rectify this. The patient's resistances, the intricacies of free associations, the recalling of memories, and reconstructions usually require several sessions or even a long period of analysis before ultimate and satisfactory answers are forthcoming. If, however, the technical task is clearly defined and kept clearly in mind, the goal is reached more surely and more quickly. I have seen enormous improvement in the work of students under supervision and in the progress of their patients after they have fully grasped this concept and its technical implications.

IV

A clinical example may serve to clarify this concept of transference.

A woman in her late twenties, a college graduate of outstanding intelligence, had earned a good living as an editorial writer. She came into analysis because for about a year she had suffered from anxiety states, severe exhaustion and difficulties in eating. She was easily 'upset' and was readily made anxious by the anticipation of a difficult interview or a social situation, but sometimes for no perceptible reason. She gave the impression of an inclination to be friendly, with a certain wariness. Three years earlier she had married a young man whom she described

as socially diffident and generally rather ineffective. The first two years they had not lived together because the husband was in military service. The onset of her illness seemed to coincide rather closely with their beginning to live together.

The patient was an only child of an unhappy marriage. From an early age the child was made the mother's confidant and heard what a disappointment the father and married life had been. She got the notion, early in childhood, that the mother's hopes for future happiness depended upon her, that the child could and would recompense her for her unhappy and disappointing life with the father. When the patient was twenty, the mother suddenly developed paranoid schizophrenia from which she has never recovered. The patient not only grieved for her mother's misfortune and her own loss, she worried that she might have inherited similar tendencies, and felt guilty because she had deliberately tried to attenuate the relationship with her mother, which she had regarded as too close, by planning her education and her work away from home. While the mother had not objected, the patient felt that it had deprived the mother of her one consolation, and that it had made her unhappy and insecure.

Analysis had revealed her intense competitiveness with men, her strong feeling of rivalry with her father for the mother's affection and consequent hostility toward him, her profound sense of inadequacy and her overcompensation for being female. While her husband's ineffectualness made it easy for her to dominate him and thus compensate for her sense of inadequacy as a woman, as the analysis progressed she wanted him to be more of a man, economically at least, and eventually persuaded him to be analyzed. In the early stages of his analysis he got a job that enabled the patient to stop working. She took advantage of this to try being 'just a housewife', and did not like it too well. After a few months it became advisable to abandon being 'just a housewife' and augment the family income by getting a job herself. She found, however, that for the first time in her life she had serious doubts and misgivings as to whether

she could obtain employment of the type she had been used to and whether she had the equipment to carry on such a job if she could secure it. Dreams and other material indicated her feeling that she needed to be a man and have a penis.

At this stage, the patient began one hour by recounting what seemed to her a very curious occurrence. She had gone with her husband the previous evening to visit another married couple of about the same age. It happened that the hostess' mother, who lived in another city, was paying her daughter a visit. The patient found herself experiencing strange thoughts and feelings toward this mother and daughter. It was unfair, she thought, or perhaps a mistake, that this girl should have a mother in good health. 'Why should she have her mother, when mine is lost to me forever?' 'What right has she [the mother] to be so healthy and well?' She had many sharply critical thoughts about various aspects of the mother's appearance, behavior and personality.

My first remark was that she seemed to have envied the girl, to which she agreed, saying that she must have made a partial identification with her and that she had often had the attitude of comparing their respective positions in life. I then observed that the curious thing about the situation seemed to be that the patient had behaved as if there had been but one mother between them, and as if the girl had the mother, while the patient had not. She had behaved as if in a situation of sibling rivalry. The patient agreed that this was so, but remarked that under the circumstances such feelings and behavior made no sense and she had thought so at the time. 'Even if my friend had not had her mother, it would not have restored my mother to me.'

It will be noted that we have here the two pathognomonic signs of transference: the feelings were entirely irrational—and in this case the patient made no attempt to rationalize them—and she felt ill at ease and unhappy about her spiteful feelings.

I made the observation to her that the situation had all the earmarks of a transference. She had had, during the analysis,

several opportunities to know what I meant by this.¹⁴ She agreed that in this experience of the previous evening she had made a transference.

We had agreed that she had been feeling and behaving, in this transference, as if in rivalry with a sibling; however, this could give little direct indication of the childhood situation from which the transference derived because the patient was an only child. Had some other child, a cousin or a friend, lived for some time in the household? The patient could recall no such occurrence, nor could she recall any time when her mother had given her any cause to feel jealous of a playmate.

We were bound to conclude that this transference, despite its expression in terms of sibling rivalry, must nevertheless stem from the rivalry she felt toward her father for the exclusive affection and interest of her mother. This was a highly familiar concept to the patient, but she had always supposed herself completely successful in this competition. The transference, she was told, indicated that in some period of her childhood there must have been circumstances in which, in this respect, she had felt her position to be much more precarious than she could recall; there must have been, according to the transference, situations in which she had felt defeated, alone and excluded in this competition, cut off from her mother. About three weeks before this session, she had a dream whose interpretation seemed to have reference to a primal scene. It had not been so interpreted because at the time it seemed irrelevant to matters then under discussion. Recalling this, I suggested that she might have had such feelings if she had suspected or had been aware of sexual intercourse between her parents. This interpretation evoked from repression the partial recall of a memory, such as often ensues upon this type of handling of

¹⁴ I think it necessary to give patients a word with which to refer to the phenomenon of transference, since transference is a dynamism that is regularly unfamiliar to patients, and it is necessary for them to understand it. If dreaming were unfamiliar to patients it would be necessary to apprise them of the nature of dreaming and to give them a word by which to refer to it.

transference. She remembered having once been ill—probably at the age of three—and having been placed in a crib in her parent's bedroom. Awakening in the dark, she had heard considerable noise which she located as coming from her parent's bed. She was, however, totally unable to recall any affect whatsoever in connection with the incident.

The speed with which this transference was analyzed is unusual: no important resistance was encountered in the course of this session. It is for this reason a remarkably good example for purposes of demonstration. It is much more common, however, to meet strong resistances in the course of such an analytic attempt. The patient might, for instance, have made elaborate efforts to rationalize her attitudes of the previous evening. If she had, time would have had to be spent in overcoming this resistance before we could agree that we were dealing with a transference; or resistance might have arisen at any point during the interpretations. The significant resistance was the patient's inability to recall the affect in connection with her memory of the primal scene. Doubtless the fact that this transference involved someone other than the analyst had something to do with the relative absence of resistance.

Two weeks later she reported a dream which gave strong clues to the nature of the affect of the primal scene.

A television set was being demonstrated to a large group in which I was included. It was in color and very vivid. There was a man standing on the edge of the crowd, and I said to him rather sharply, 'This is something to be *seen*, not merely heard'; for it seemed to me that he thought it was just an ordinary radio.

This dream appeared to me to be in direct association with the theme introduced by this analysis of a transference. In the original recall she could only *hear* what was going on; we may now conclude that she also wanted to *see*. In making this interpretation to the patient, I said she had apparently not been satisfied with having to rely upon what she had heard and what her imagination could construct from it, in response to which

she said: 'In one's imagination, things are often more frightening than they are in actuality'. It might have been expected she would say that imagination is less accurate than actually seeing; but since it was to her more frightening, it was possible to reconstruct that the lack of affect in her memory of the primal scene was due to repression, and that the affect repressed was fear.

Interwoven among her associations to this dream was a theme of having occasionally been cautioned by her mother against riding on roller coasters, emphasized by the story of a disaster that had occurred on one. The patient had subsequently ridden with enjoyment on roller coasters noting, moreover, that accidents were comparatively infrequent, from which she concluded that her mother had been over-cautious and timid. One reason for the intrusion of this apparently irrelevant theme into the associations was to express the patient's conviction that, since her mother was a timid person, the sounds she had heard in the primal scene did not indicate that her mother was doing violence to her father, but rather the reverse: she had wanted desperately to *see* what was going on because she was afraid that her father was doing violence to her mother.¹⁵

In terms of the looser concept of transference, which makes it coterminous with the entire analytic relationship, this patient's feelings and behavior at the home of her friends would not be regarded as transference. Having recognized the transference, I then proceeded to try to discover from what specific traumatic event or situation the transference developed. In the example cited, the analysis of the dream was a continuation of the analy-

¹⁵ I am well aware it is possible by overdetermination to regard the man in the dream as representing the analyst, and that the dream may also express criticism of me for only listening (perceiving) and not seeing (understanding); indeed, a later session produced the further association that the man in the dream reminded her of a man of her acquaintance who was deaf. This would be indicative of a complaint against one or both of her parents who might have protected her from what the primal scene signified to her, but they failed to 'see' it, a situation she attempts to rectify by saying to me (as surrogate for the father or mother or both), 'Look and understand; don't merely listen and perceive'.

sis of the transference. The primal scene found the child helpless and powerless: she was unable to know what was going on, she could only imagine and fear that her father was doing violence to her mother, and by this act was somehow taking her mother away from her. One would suspect—and this conjecture is well supported by other material from the same patient—that the memory of the primal scene, important as it was, was a screen memory for a whole situation which operated traumatically for the child because she was powerless to interfere with it. This traumatic situation (as distinguished from event) was the entire sexual relationship of her parents, which formed an obstacle difficult to surmount in her drive to achieve a relationship with the mother from which the father would be excluded. The transference described and analyzed gives evidence that such a situation existed, a fact not previously known, since it had been the patient's conviction that there had been no struggle and no defeat for her in the competition for her mother; furthermore, the form taken by the transference indicated that one method adopted by the patient in her early efforts to rectify this situation had been an appeal to justice: it was unfair that the father should have this advantage of a sexual relationship with the mother, unjust of the mother to permit it to exist. One of the mother's outstanding characteristics in her attitude toward the child had been her reasonableness, her willingness always to justify rationally any restrictions and frustrations she imposed. In this case, an appeal to justice would represent a strong rather than a weak effort at rectifying the situation. If she could count on her mother's 'justice', which in other situations she always could do, then perhaps such an appeal might be, in the child's opinion, effective.

It may be added that the successful analysis of this transference eventually led to the uncovering of what every experienced analyst will have assumed to lurk behind the traumatic situation described. The hostility shown toward the mother represented two different periods in the patient's life history: first, resentment toward the mother for submitting to the father's sexual advances; second—and earlier—resentment toward the

mother for having disappointed her (weaning) and for having been an obstacle to finding in the father a substitutive gratification.

V

When we ask what lies behind the dynamism of transference, we must first adduce the fact that every transference indicates a need to exert complete control over external circumstances, in particular human and social ones. No human being, by any means whatsoever, achieves such a goal; indeed, to the impartial observer, transference is likely to be singularly unsuccessful, since it is a constant condition of transference that the specific factors which it attempts to rectify and control are entirely outside the awareness of the individual.

It is to be presumed that to some extent everyone makes use of, or has made use of, the device of transference. The more mature the individual, the less he is apt to make use of such a device; but there is no reason to suppose that transference is *per se* pathological. Rather, it may be regarded as pathological in the extent to which it is used and the degree of reliance placed upon it.

It is typical of neurotics that in the matter of control of external forces they are inclined to recognize no distinctions beyond those of full control and no control at all. With them it is all-or-none, and they seem to have little true capacity (despite their conscious, reality-conforming statements) to discriminate in dealing with external forces. They have no deep conviction that while some external forces may be controlled or influenced, others may be only partially controllable, while still others cannot be controlled at all.

Such discriminatory evaluation of the strength of external forces and the extent to which they may be controlled appears to be unknown in the unconscious of the neurotic. His unconscious conviction seems to be that the fault lies in himself, that he is an underling. If he were only intelligent enough, or strong enough, or good enough, or something enough, he could

rise above his humiliating and defeating helplessness and gain the power to control all external forces, whether human or mechanical. This state of affairs exists, where it does exist, partly because of the difficulty—the highly exigent difficulty—of being reconciled to one's helplessness in the traumatic situations of childhood. It may well be that some have greater difficulty than others in such situations by reason of the specific circumstances that confront them or by reason of the personalities, already formed, that they bring with them into these situations.¹⁶ Indeed, it is difficult to discard the possibility of inherited, constitutional differences, which might lead to such an outcome as a comparatively high degree of intransigency in the face of *force majeure*.

Freud regarded the repetition compulsion, and presumably transference, which in one sense he regarded as a manifestation of the repetition compulsion, as the psychic expression of a general drive of all things living to return to a postulated former inorganic state of existence, and hence, ultimately, a drive toward death. Without arguing the merits of this position and keeping strictly within the limits of human psychology, I would like to present the hypothesis that transference, as one instance of the repetition compulsion, is to be regarded as ultimately an attempt to deny the existence of the external world and those forces in it, particularly the human ones, which restrict and frustrate the child in his desire and effort or need to live solely in accordance with the pleasure principle. Ferenczi formulated a hypothesis,¹⁷ concurred in by Freud, to the effect that infants begin existence in a state of subjectivity, without distinguishing between self and the world external to it, and that this condition produces a sense of omnipotence which is modified with difficulty, through disappointments and failures in the achievement of gratifications, into a more objective

¹⁶ One's helplessness in an oedipal situation may be much accentuated by the degree to which one felt helpless in earlier disciplinary situations or in deprivative ones, such as weaning.

¹⁷ Ferenczi, Sandor: *Entwicklungsstufen der Wirklichkeitssinnes*. Int. Ztschr. f. ärztl. Psychoanalyse, I, p. 124.

appraisal of the world and the individual's relation to it (the sense of reality). In so far, then, as transference represents a persistent attempt to deny the existence of those frustrating and restricting forces which have compelled the transition from the state of infantile omnipotence to the sense of reality, it is an attempt to undo that transition and to traverse it in a reverse direction. In all its variety and multiplicity of manifestation, in all the attitudes and behavior which are its expression, transference may be regarded as the enduring monument of man's profound rebellion against reality and his stubborn persistence in the ways of immaturity. The wounds caused him by his initial clashes with the harshness of reality persist as scars which he tries to undo, or at least to conceal, by the rehearsals of transference. The wide prevalence of the dynamism of transference among human beings is a mark of man's immaturity, and it may be expected in ages to come that, as man progressively matures—if he does so—transference will gradually vanish from his psychic repertory.

A Further Contribution to the Study of Olfactory Repression with Particular Reference to Transvestitism

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A FURTHER CONTRIBUTION TO THE STUDY OF OLFATORY REPRESSION WITH PARTICULAR REFERENCE TO TRANSVESTITISM

BY GEORGE W. WILSON, M.D. (CHICAGO)

Transvestitism needs further study and clarification. This study, however, aims only to present the condensed autobiography of a transvestite in psychoanalytic treatment, which in itself confirms the conclusions of Alexander and particularly of Fenichel about this perversion. In addition, attention is called to one feature common both to fetishism and transvestitism which I feel has been neglected, although not entirely ignored, and which warrants further investigation: unsuccessful olfactory repression (5).

Although transvestitism is a quite common perversion, it would appear from the dearth of literature upon the subject that either few transvestites have sought psychoanalytic treatment, or few such cases have been reported by psychoanalysts. There is considerable freedom of opportunity to act out a certain degree of transvestitism, particularly in the theatrical and entertainment world. A noteworthy example was Julian Eltinge, who pursued a highly successful career impersonating beautiful women. One of the most popular dance teams today is actually composed of two men, one of whom acts and lives the rôle of a woman.

Transvestitism and fetishism were considered identical in the scientific literature until Hirschfeld's paper was published in 1910 (4). Both Hirschfeld and Ellis (2) emphasized that transvestitism has a characteristic which is foreign to fetishism: to the transvestite the fetish becomes such only when brought into contact with his own body and is not itself an object.

Fenichel's study of transvestitism (3) states: 'But transvestites want not only to wear women's clothes but to live altogether like women . . . the point which the transvestite has in common

with the fetishist is the overestimation of feminine clothes and body linen. The point of difference between him and other types of perverts lies in his specific sexual wish to assume the dress of the opposite sex. . . . According to Freud, castration anxiety prevents the fetishist from accepting the fact of the lack of the penis in women, and he can love only when he has supplied his female love object with an illusory penis. He is incapable of loving a being who lacks the penis; castration anxiety has led him to solve his œdipus complex by substituting identification with his mother, the woman, and in this rôle he seeks for new objects, whether it be the father or a representative of his own self. The transvestite has not been able to give up his belief in the phallic nature of women and, in addition, he has identified himself with the woman with the penis. Identification with the woman, as a substitute for, or side by side with, love for her, is so plainly the manifest clinical picture that Ellis regarded it as the essence of transvestitism. But the woman with whom the transvestite identifies himself is conceived of by him as phallic, and this is the essential feature in the situation—a feature which, since it is unconscious, could not have been discovered but for psychoanalysis.

‘In the act of transvestitism both object love and identification are present, the forms in which each manifests itself being modified by the castration complex and the patient’s obstinate retention of his belief in the woman’s possession of the phallus. The act has a twofold significance: 1, object-erotic (fetishistic); and 2, narcissistic (homosexual). 1. Instead of coitus with the mother or her substitute the patient enters into fetishistic relations with her clothes, which he brings into as close contact as he can with his own person, and particularly with his genital organs. This is the explanation of the “condition of love”, frequently met with, that the garments or body linen in question should have been used, and if possible, should still retain something of the warmth and odor of the woman’s body. 2. The patient himself represents a woman with a penis. . . . Here we have a twofold representation of the penis: (a) in the patient’s genitals, actually present under the woman’s clothes; (b) in the

garment, which is a symbolic substitute for the penis and which the transvestite (even if he indulges his passion only secretly and onanistically) always wants to display, a form of displaced exhibitionism which, like true exhibitionism, is designed to refute the idea of castration. . . . Love for the subject's own self-fantasies, that the masculine element in his nature can have intercourse with the feminine (i.e. with himself), is not uncommon. Love for the phallic mother is often transformed into love of the ego in which a change has been wrought by identification with her. . . . Analysis demonstrates that this object tendency of the transvestite is directed in the deeper mental strata toward the father. In this point the transvestite resembles the passive homosexual, but the former is seldom conscious of the homosexual character of this object choice. The analytic explanation is to be found in the most important accidental factor in transvestitism, namely, that as a rule contemporaneously with the identification with the mother, there exists in another, more superficial, psychic stratum, a similar identification with a little girl. This is designed to secure for the subject all the advantages of a regression into early childhood.'

Alexander (6) concluded about the case of transvestitism he reported: 'His perversion then simultaneously signifies in the first place the gratification of the need for punishment arising from his father conflict—hence the masochistic coloring; in the second place, the gratification of his passive homosexual wishes—hence the transvestitism; and in the third place the gratification of his early infantile anal-erotic tendencies. The genesis of this perversion is roughly as follows: because of a strong anal-erotic disposition (predominance of passive strivings) the outcome of the oedipus complex is an exceptionally strong passive homosexual attitude. . . . The original sadistic claims of conscience with their predominantly destructive instinctual basis become erotized, or more accurately, passively sexualized. From a fusion of the sadism of conscience with the passive feminine striving of the ego, there arises a resultant masochism. The transvestite tendency betrays the passive feminine erotic component; the punishment ritual, the playing the slave, comes from the sadism of conscience, from the destruction

instinct. . . . It seems quite clear that in the sexual perversion the cruelty of the tendencies which are set up in opposition to one's own self is much softened by the erotic admixture. If this erotic admixture is lacking in the conscience, then its destroying activity comes forth nakedly and endangers the whole life of the individual. The perversion, therefore, is a natural protection against the cruelty of the superego.'

The patient, whose autobiography is to be presented, was a twenty-three-year-old man, the youngest of three children. He had a brother six years his senior and a sister four years older. His father, starting as a peddler, became a very successful bootlegger during prohibition. During the patient's youth, his whole family worked at distilling, cutting, bottling and peddling bootleg whiskey. There was a false basement in their home which contained the still and other equipment. The patient lived in constant fear of the law as well as of the need to keep the family secret.

The parents were very kind, considerate and overindulgent of the patient. He recalls being physically punished but once. The mother completely dominated the family and, although she never encouraged feminine behavior or dressed the patient in feminine clothing, she did overprotect him and seemed to want to keep him a baby. He nursed from a bottle until he was four years old. Until then he slept in his parents' bedroom. From the age of four to eight he slept with his sister and from the ages of eight to twelve he slept with his brother. He had never spent a night away from home until he went into the army. He was not sent to school until he was seven. To the age of fourteen he was a weak, sickly child, a feeding problem, and suffered almost continuously from colds, sinus infections and what he describes as chronic 'sniffles'. He was quite constipated and was given frequent enemas which he says he detested, until at about fourteen, and following a tonsillectomy, the constipation disappeared. Before he discussed any of his problems he mailed me an autobiography which he had written while he was in the army. He said this manuscript would tell the whole story.

CLINICAL AUTOBIOGRAPHY OF A TRANSVESTITE

From the age of ten to fourteen I was of small build. My cheeks were rosy and my face flushed when I ran about. My voice was high and girlish. My features were delicate and I was often mistaken for a girl in boy's clothing. I was invariably mistaken for my sister over the telephone. I had no knowledge of sex and ignored the existence of girls. My first recollection of noticing girls was at about thirteen years of age, when I wondered why girls of the same height wore dresses of varying lengths.

During my first year in high school I was very chubby. My complexion was what could be described as 'peaches and cream'. I did not have a trace of beard and I can remember my mother being very proud of this fact. I was attracted to girls although I was so shy I could not approach them to ask them for a date. All through this time I was constantly being teased by such remarks as, 'He's much too pretty to be a boy'. These remarks always made me blush. One day I was asked 'Are you a girl?' (I was just about sixteen years of age and was still mistaken for a girl.) That day I decided to try on women's clothes. It so happened that the family was away that night. The bathroom in the apartment was exceptionally large, with two doors. One led to the hall, the other to my sister's bedroom. One dresser drawer contained slips, 'panties' and silk stockings; another a girdle and jewelry. I was trembling with excitement by the time I had all the clothing assembled in the bathroom. I put on the brassiere and stuffed it with stockings. The girdle was tight and made my body inches slimmer. The slip gave me a tingling sensation and felt good to my body. The silky underclothing gave me a glowing feeling. I remember being pleased with the fact that my sister's clothes fit so well. The silk stockings made my legs look 'keen'. I cannot describe in words the pleasurable feeling I got from wearing dresses and exhibiting my legs. When I saw myself in my sister's clothes, I was ecstatic—I was really beautiful. I went back to the bathroom and tried on make-up. After that I locked myself in the bathroom every night and applied make-up and wore what feminine articles were available. The night I first wore women's clothing I wished to be a girl. I still had a girl's voice and physical build. I would lie in bed and build up dreams—fantasies. I honestly prayed to God to have Him remake me into a little girl about twelve years of age. I remember

not wanting to be reborn a girl, because I wanted to know that I was once a boy, but now a girl by choice.

About a month later I was awakened with an erection. I instinctively made movements upon the bed as if the bed were a female. That was the last time I masturbated in that manner.

Later my sister had a baby and it gave me pleasure to take care of her. I diapered her and played nursemaid. That winter my parents went to Florida and, when my sister went out, I had an opportunity to put on her clothes. I sometimes took care of the baby in my feminine garb, until I thought the baby was becoming old enough to notice.

In my third year in high school I was but slightly larger in stature and although I was sixteen and a half, I had no trace of beard and was still mistaken for my sister on the telephone. I did not smoke or drink. For a long time now I had associated my desire to be feminine with masturbation. Now I had to begin wearing my mother's clothes because I had outgrown my sister's. I also had to wear my own shoes since I outgrew my sister's. When I was alone and reasonably assured of privacy for at least an hour, without hesitation I would discard my clothes and quickly don my mother's.

In girl's clothes I always acted the part of a girl: the walk, gestures of the hand, smiling, winking. I loved to 'piddle' around the kitchen when alone and make my own food. I would cross my silk-clad legs, pulling the skirt up to my knees, modestly. I always masturbated in these clothes. I began masturbating nightly. There were feeble attempts to break away from this habit but the impulse was too strong.

I became increasingly aware that other cases similar to mine existed and scanned the newspapers and magazines with curiosity. When I would find such an article or picture, I would immediately become excited, masturbate excessively and only after a period of a week would cool down to normal masturbation. I discovered that the school library had a wealth of books on my favorite topic. Reading these books made me feel better knowing that there were so many more like myself.

I had a passion for having long hair. I enjoyed seeing girls with long hair. I envied them. Occasionally I wore a sweater and tennis shorts with big white buttons on the side. When the folks were away for the night I would sleep in a nightgown. During

masturbation I would dream of having children and raising the boys as girls. It was at about this time that I began feeling disgusted after my sexual act; however, there were many days that I would wear silk 'panties' underneath my male attire all day long.

I enlisted in the army and my period of basic training is very hazy. I do remember having to sham in order to shield my true feelings. I rarely left camp. Girls did not interest me and I did not date them. Promptly at nine when the lights went out I began to masturbate. I was always worn out in the morning because of lack of sleep. I did not wear my favorite clothes because it was impossible to do so under the circumstances. I was well liked by my fellow classmates. I began noticing handsome males but did not show my feelings. One fellow, whose first name was the same as mine, had the delicate features of a girl. He had a girl's complexion. He did not have to shave although his voice was low. I often thought of how pretty a girl he would make. At the end of a few weeks I was given a furlough. I took out a girl who attracted me. In the car I caressed and kissed her. There was no sexual intercourse.

Then I was transferred to another camp where I was placed with a different type of men. They were for the most part Southerners, of a lower intellectual level, and these men had little respect for one another. The lights rarely went out before eleven. This made it difficult for me as I could not fall asleep until I had at least one orgy of masturbation and I was tired from loss of sleep. One thing I must mention: when the boys became playful with one another, goosing, or making a grab for the penis, I would receive a sudden peculiar feeling in my penis and rectum; also in the belly. The feeling was deep but fleeting.

Finally I became so nervous that I had to do something about it. I knew that the chaplain would keep my secret so I went to see him. I finally blurted out enough so that he grasped what I was trying to say and he quietly arranged for me to visit the psychiatrist. The psychiatrist listened and by artful questioning drew out some of the details. I was advised by him to try homosexual relations but I could not bring myself to accept that advice. I wanted to be cured, not to get in deeper. Except for noticing some males' attractiveness I had no other sexual feelings toward them.

I was going to a nearby city for three days and asked the psy-

chiatrist for advice. He said to try using only a woman's handkerchief. I could not stop at a woman's handkerchief. In the dime store I bought cosmetics. I also bought a pair of stockings. In another store I bought an expensive dress. I was ashamed to buy underclothes. In my hotel room I would don these clothes and lie on my bed and masturbate. When it was time to leave I dumped my clothes in a garbage can and hated myself for having had to wear them.

I continued my visits to the psychiatrist and because of my frequent heterosexual desires was advised to try sexual intercourse on my coming furlough. When I arrived home I seriously intended to give it a try. A boy I knew and I went downtown to see if we could pick up girls. We tried seriously but we found none to our liking. It was a hot night and we stopped at a soda fountain and while sitting down this boy accidentally touched my breast with his hand. I pushed him away playfully but I experienced extreme sexual feeling. I did not give in to a desire to let him fondle me.

About eleven o'clock that night I went to the bathroom, locked myself in and put on a slip. Clad only in the slip, I began to work my breasts with my hands. The nipples were sensitive and it gave me great pleasure to feel myself in this manner. After exciting myself in this manner I masturbated. I now experienced a sensation that I had not hitherto received, as if in all the other times, something was lacking and I received it then. I never experienced such an ecstatic feeling as during that one masturbation. For the first time I not only desired to be a woman, but experienced the feelings of a woman. The next day I donned silk 'panties' and a slip. I selected a yellow print dress, two-piece skirt and jacket. I then washed my face and applied cold cream, rubbing it in well. I deftly applied make-up. I walked about the house, taking short mincing steps keeping my feet together. I moved about with a suggestive, rhythmic movement to my hips. I put a towel over my hair to hide my masculine haircut. In these clothes I went to the couch and for the first time attempted to suck my penis. I was really sorry when I found I could not reach my penis with my mouth. I always pull at the pubic hair when I masturbate.

Something has happened to make me change. I have the feel-

ings of a woman. I want to be caressed by a strong masculine being. I know that he will excite me, and give me sensations that nothing else can give. I now have the feeling that I could take care of him and make him an ideal mate. I want to be able to feel the sensations of the penis of someone I love in my rectum, or between my legs. I want to be able to wear clothes that suit me, that flatter my body, that belong to me. This is a desire so great that I am impatient to get on with it. I cannot wait to meet someone who is attractive, whom I can love. I do not desire to shield my feelings or to hide the little effeminate actions that continually expose themselves. That is the way I am, and they can like it or not!

I don't have a feeling of disgust but rather of anticipation; I do not regret I have lived my life as I have. I am worried about the effect of such excessive masturbation, however. I am now masturbating from four to six times daily. I hope I will cease to masturbate when I have a lover, but I cannot be sure. I also have a fear of being caught and disgraced, or of bringing disgrace to my family.

It is with these thoughts that I bring my life up to date. I don't know my purpose in writing this, but I have stopped resisting my desires. Even as I write this, I am a woman, dressed in woman's clothing, doing woman's work (typing). I am looking forward with anticipation to being a good wife, loyal and loving.

In camp, life is becoming rather difficult; whereas at home, I can have privacy to act as I please, life in the army does not offer such opportunities. The *smell* of food nauseates me. I have hardly eaten a thing for several days. It is not the food. It must be me. Personally I think it is because of my changed feelings. Girls don't eat as much as boys. I can see myself changing. I shy away from the fellows as much as possible. I honestly would feel more at home in the WACS or WAVES.

At our last talk the psychiatrist advised me to try heterosexual intercourse and I am sure he will be surprised when he hears of my change of attitude. Where I formerly found the suggestion of homosexual relationships abhorrent, I am now looking forward to them. I am anxious to get his advice on many matters. I no doubt will let him read these writings.

Today for the first time, I thought of the chance of my mind slipping—that I would become a psychopathic case. This is a horrible thought.

Today I moved into another barracks. If I ever saw a pigsty, this place is one. *It stinks*. The men are very ignorant, and I am sure that I will not find anyone to my liking in such a group.

This boy was given a medical discharge and immediately applied for psychiatric help. The homosexual impulse has never been acted out. I have presented this autobiography because to me it represents a quite remarkable delineation of the conscious, vacillating, conflicting emotional attitudes of a true transvestite at a time when he was (a) separated from his family; (b) found it difficult or impossible to act out his perversion; (c) was exposed to the possibility of great physical danger, a fact not mentioned in his autobiography. The combination precipitated a panic which was relieved when all of these threats were removed.

Quoting from Fenichel (3): 'Instead of coitus with the mother or her substitute, the [transvestite] enters into fetishistic relations with her clothes, which he brings into as close contact as he can with his own person, and particularly with his genital organs. This is the explanation of the "condition of love", frequently met with, that the garments or body linen in question should have been used and if possible, should still retain something of the warmth and *odor*¹ of the woman's body.'

In a former communication (5) I attempted to show that some relationship exists between fetishism and chronic or frequently recurrent attacks of nasal congestion. The patients studied were suffering from hay fever.

Freud has repeatedly called attention to his belief that man's assumption of the upright position, the increased employment of the power of vision, coincident with varying degrees of olfactory repression 'played an important part in the genesis of

¹ Italics added.

neuroses'. Abraham (1) states: 'Professor Freud told me in a private communication that according to his experience repression of the coprophilic pleasure in smell played a peculiar part in the psychogenesis of foot fetishism. My own investigations have fully confirmed this view. In the present case of fetishism I found that the patient's pleasure in "disgusting" bodily odors had been unusually strong originally. Repression of his coprophilic pleasure in smell, his scopophilia and his sexual activity had led to the building up of compromise-formations. And it is precisely these compromise-formations that constitute the characteristic peculiarities of foot fetishism. . . . In the present case it turned out that the patient had passed through a stage which corresponded to smell fetishism, and that after this a peculiar modification had taken place by which his osphresiolagnia had been repressed and his pleasure in looking had been sublimated to pleasure in seeing footwear which had an æsthetic value.' ²

Soon after my patient began treatment it was suggested to him that if he continued practicing his perversion, little, if any, benefit could be expected from the therapeutic process. The patient readily agreed and promised to discontinue his practices. He fulfilled his promise temporarily, and with the cessation of the indulgence of his perversion I anticipated a quick mobilization of anxiety but I was not too surprised that, although he was somewhat restless, nothing of apparent signifi-

² Wulff, M., in *Fetishism and Object Choice in Early Childhood*, writes, 'Freud has demonstrated the great importance of the pleasure in smelling, of the sense of smell, in fetishism in the adult; and our material has corroborated this in the fetishism of the young child also. In addition to the sense of smell, the sense of touch appears to play a very important rôle, indeed a decisive one, in many cases of fetishism. When it is considered how large a rôle is played in animal life by the sense of smell . . . in the struggle for existence as in their sexual life, and generates not only passive receptive but very actively pursued forms of activity, one is obliged to say that it would seem permissible to speak of an "instinct of smell". The part played by the sense of smell among higher animals, however, is played by the sense of touch in the lower animals. In man these two senses never achieve full development and importance, or perhaps they atrophy after the other senses increase in strength and importance.' This *QUARTERLY*, XV, 1946, p. 469.

cance happened for approximately a week, at which time he cancelled his next appointment because he was ill with a severe cold. He kept the following appointment two days later and it was evident that he had developed a severe rhinitis which had been diagnosed by his physician as an allergic reaction of undetermined origin. Consciously he feared the compulsion to resume his perversion was so great that he had constantly to push such thoughts out of his mind. He had to abstain entirely from bathing because that stimulated his sexual desires too greatly. He reported the following dream.

He was with a girl in a night club. The visibility in the club was very poor and although they had seats on a raised platform there seemed to be bars in front of him which interfered with his seeing the floor show. The whole scene was too noisy; there were girls in short pants, there was a lot of jumping up and down, and he said to his companion: 'Let's get out of this joint; the whole thing stinks.'

His associations to the dream related to memories. As a child he regularly crawled into bed between his parents and remained with his father for a time following the mother's arising; also he remembered watching his sister dress and undress. He recalled particularly that she would apply powder and perfume as she dressed each morning during the period he was sleeping with her. He disliked the odor of the powder and perfume intensely.

The dream relates to sexual stimulation during the primal scene, with references to visual and olfactory disturbances and conflicts. Very soon after having had this dream, the patient attempted sexual intercourse but was unsuccessful because of precocious ejaculation. He then relapsed into his old habits, but the fear of having his treatment terminated caused him again to suppress masturbation and transvestitism. He overworked, became interested in photography, and began to go out regularly with a girl who directed his activities much as his own mother had done. He moved away from home to quarters of his own. He came one day to an appointment remarking

that it was very strange he had again developed an acute nasal congestion although he did not have a cold and did not feel at all sick. No mention of any connection between the nasal congestion and his perversion had ever been made. He reported a dream.

A woman was sitting in a living room and the patient sat opposite her in a straight chair. The woman appeared to be about twenty-two, but he knew she was actually thirty-five. She spoke to the patient about not having any dates with men, the reason being that she always wanted to *hip* (the patient knew that 'hip' meant to have sexual intercourse). He remarked that such a desire should not be a hindrance. She touched the patient's face with her fingernails and he became sexually excited but because he did not have a contraceptive he decided to postpone any response until a later date. He did not know whether he was protecting the woman or himself.

His associations equated the vagina with the rectum (hip). He was defending himself against his fears of women. He identified the woman with his sister and called attention to the difference in their ages. The immediate stimulus for the dream came out slowly and hesitantly when he was asked to recall his reactions to an approximately thirty-five-year-old woman who had preceded him at his last appointment. The significant memory, which he had partially repressed, was that he had admired this woman's beauty and neat appearance and that he had been particularly impressed by the fact that he detected the same odor on the couch of which he had been aware when she entered the waiting room. The unconscious olfactory stimulus appears unequivocal.

Later, after the patient had made a temporary heterosexual adjustment, he reported another dream.

There was a small white room, apparently a doctor's office, with a doctor's table in the center of it. There were three doctors present with the person to be examined who was a very neat, virile man, reminding the patient of Little Abner.

One of the doctors motioned the patient to lie on the table, and as the patient did so something happened to him. He stepped out of his shoes, changing physically to a scraggly, filthy person. Instead of appearing neat his clothes were tattered. For shoes he was wearing a covering of material of which moccasins are made. His hair was long and straggling as if it had not been cut or washed in a long time. The only reminder of the previous person was the pair of shoes. Suddenly a dog appeared on the table. The dog was of no special breed but appeared to be partly a setter because of his long, bushy tail. Facing the patient, the dog began to snarl. The patient stepped over to the dog and they put their noses nearly together. It seemed almost as if the man were trying to outsnarl the dog. Strangely, the dog made no attempt to bite the man, although it was growling and snarling. The doctors showed a lot of interest in the relationship between the patient and the dog. As soon as the man's nose almost touched the dog's, red flashes of lightning sparked between them, as if an electrical contact had been made.

Almost instantaneously this revolting character was replaced by a rather short, heavy-set woman. The woman was bare from the waist up, showing a clear, white skin and rather large breasts. Below the waist she had on what appeared to be a skirt, but her legs were not visible because the table was in the way. She asked for her blouse, and put something around her breasts resembling a hand towel, using it as a brassiere. Then she turned and walked out of the room. For the first time her feet were visible and she was wearing ladies' shoes with high heels.

Omitting discussion of its obvious transvestitism or its equally manifest transference reactions, this dream is reported to call particular attention to the highly emotional conflict centered around the nose.

Another patient, a thirty-year-old-woman, began analysis at a time when she was suffering from a severe attack of hay fever. She was receiving treatment from an allergist. She reported her first dream in the third hour.

She was sitting on the toilet in the bathroom holding a sanitary napkin in one hand and a deodorant in the other. A doctor entered the room and the patient held out the deodorant and asked the doctor if he did not agree that this was the best way to avoid unpleasant odors.

Her associations to this dream were to what practically amounted to a mysophobia, and also to the fact that she was extremely sensitive to pleasant and unpleasant odors. The deodorant represents the nasal congestion.³ At another period when the nasal congestion was not in evidence (although it was the height of the hay fever season), but at a time when she was preoccupied with unconscious fantasies of prostitution, she dreamed.

She saw her husband dressed all in black; he had on a black robe with a hood, like those worn by some monks. The black-robed figure stood and stared at her.

Her first association was that, although it was her husband, the robed figure was really herself, that this figure represented her masculine self; furthermore, she had once remarked that monks with hoods could not be distinguished from nuns. This condensed dream is quoted to demonstrate the transvestitism when the patient was entirely free of the symptom. This patient refuses even to wear women's slacks because she considers them too masculine.

The father of two girls was very timidly beginning in analysis to make conscious his hostility toward women, particularly in relation to his mother, wife and daughters. He read O'Neill's play, *The Iceman Cometh*, and became so absorbed in it that he spent the major part of one analytic session discussing its message and the characters. He thought O'Neill must detest women or he would not picture all of his female characters as prostitutes. Following this session he became very tense and

³ Ferrari Hardoy in the *Revista de Psicoanalisis of Argentina* (I, No. 4, 1944, 532-554), goes to some lengths to establish that during colds there is an 'iris', or sphincter, formed in the nose by the turbinates and the septum to prevent odors from entering that may have erotic effects.

hyperactive, fell on his own doorsteps, and fractured his clavicle. He was unable to keep his appointment for several days. His associations to this accident, applicable to his habitual reactions, were of guilt and self-destruction. He acknowledged that he got a great deal of satisfaction from being nursed and fussed over by his wife and daughters.

The next hour he reported that he had just come from the office of a rhinolaryngologist, having developed a severe nasal allergy which the doctor ascribed to the adhesive tape used on his shoulder because there was evidence of an allergic skin reaction as well. Then he made a confession which he said he must but that he was very ashamed to report. On the previous night he had gone to the home of his closest friend to play bridge. He thoroughly disliked and depreciated his friend's wife although he had often had sexual fantasies about her. He disliked her because he felt she was 'nothing but a prostitute' whose only interest in her husband was the luxury he could provide for her and because she exploited others to gain her own ends. He also admitted that this description could apply to himself. During the evening this woman, who was clothed in a revealing negligee, touched him several times and he became so sexually stimulated that he went into their bathroom, carefully locked the door, defecated, and then looked for some visual stimulus for masturbation. His first thought was to use some article of her intimate clothing but he could find nothing. He felt frustrated. Then he noticed a much-used powder puff, and holding this to his nostrils, masturbated. Following this he felt extremely ashamed, excused himself and went home immediately. The following day the nasal condition had disappeared. The emergence from the unconscious of the smell-touch stimulus is particularly well illustrated by this episode.

A few days later the nasal congestion returned and he recalled a dream.

He was in a Pullman car whose porter was a colored woman with red lips. She leaned against the patient, kissed him

and touched his penis. He became sexually aroused. Then they were sitting on a couch in the train and the woman had her head on the patient's 'shoulders'. The patient was afraid that a friend of his, whose name was George, would see them and he quickly withdrew.

Associations were limited to fear of exposure. His flagrant slip in saying her head was on his 'shoulders' evoked no recognition. He did refer to his belief that negroes have an odor different from whites. When these associative elements were called to his attention he spontaneously interpreted the dream as a fear of recognizing his own feminine impulses. I commented that if he had simply had himself dressed as a woman in the dream, it would resemble the behavior of transvestites. To this he replied, 'Didn't I ever tell you that I used to do that at least once a week when I was going to high school? On the maid's day off I would go to her room, dress in her clothes, put a sanitary napkin between my legs and masturbate. Sometimes I dressed in mother's clothes, but I was usually afraid she might come back unexpectedly.' Later he remembered that he liked just to smell the maid's nightgown as a stimulus for masturbation. Following this dream the nasal congestion completely disappeared.

SUMMARY

The clinical autobiography of a transvestite and other clinical data with special reference to states of nasal congestion coinciding—during psychoanalytic treatment—with suppression and repression of fetishistic or transvestite drives are reported. Freud's statement that every neurosis represents the negative of a perversion suggests the possibility that noninfectious nasal congestion may represent the negation of fetishism or transvestitism, and that this symptom may represent a somatic compliance with, or a substitute for, such a perversion. Acute or chronic nasal congestion markedly lowers the threshold of olfactory

sensitivity and serves as an efficient deodorant, particularly in people who retain strong olfactory sensitivity.

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Transvestite Fantasy Expressed in a Drawing

Martin Grotjahn

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TRANSVESTITE FANTASY EXPRESSED IN A DRAWING

BY MARTIN GROTJAHN, M.D. (LOS ANGELES)

The most thorough psychoanalytic study of transvestitism—which was the subject of psychoanalytic research by Felix Boehm as early as 1923 (1)—was made by Otto Fenichel in two papers, published in 1930 (2) and 1936 (3).

Relatively little is known about the subject of this short communication. He was an artistically gifted man just past thirty, married, had two children, and ostensibly was well-adjusted to his home and occupation. In appearance, he was an average, suburban citizen. Periodically he yielded to a craving to dress in a woman's garments in which he took long walks. He had only a few interviews with a psychiatrist, whom he consulted on a judge's advice. Following the first interview, which was intended as a preliminary to further consultations, in lieu of giving additional information, the patient sent to the psychiatrist¹ a drawing in which he illustrated what he had to say about his perversion, uninfluenced by any conscious knowledge of psychoanalytic symbolism.

Following a previously published report on this subject² the patient returned spontaneously to the psychiatrist for two additional consultations. The patient was highly resistive and only hesitantly acknowledged the drawing as his work. He came, as he had on the previous occasion, under pressure. He did not consider his perversion a psychiatric problem, and wanted only advice on how to keep working without 'breaking down' and 'getting into trouble'. He clearly stated he did not wish to be cured of his perversion, but only to be advised about safe-

¹ I am indebted to Dr. Esther Bogen-Tietz for permission to reproduce the patient's drawing.

² Grotjahn, Martin: *Symbolism in the Drawing of a Transvestite*. Samiksa, I, No. 3, 1947, p. 241.

guards against its potential consequences. His wife knew little or nothing about this perversion. It was, however, possible to obtain from him some additional historical data.

Both his parents had been peculiar, hard-working and hard-driving, stubborn people. When the mother, after suffering many years from an organic neurological disease, finally died, the father, as if liberated, remarried within twenty-four hours despite his advanced age. The patient's only, and much older, sister rebelled against the strict discipline at home and was placed in a school for delinquent girls at the request of the parents. The father was incredibly cruel: 'I never dared to take a bath at home because then he would corner me and beat me'. On numerous occasions the patient was beaten 'to within an inch of my life' by his enraged father, frequently with no greater provocation than for coming home late from work.

The patient reacted to his perversion and to his drawing with the shame and embarrassment of an adolescent caught masturbating. He reasserted that he was not worried about his transvestitism, that it had bothered him only three times—after the births of his own children, and after the death of a pet. In striking contrast to this casualness, he stated he had no greater desire than to become a woman; he would like to have his genitals operated upon, and especially to have his penis removed. Three times he had tried to castrate himself, and once had enucleated one of his testicles! Without feeling much pain, he then dressed the wound with a menstrual pad, masqueraded as a menstruating woman, and in this guise gained admission to a hospital.

When solitude permitted, he would don his disguise, preferably with a wig and high-heeled shoes. While taking long walks so dressed, he was unaware of any homosexual or other sexual aim. Whether or not he masturbated, he found peace and serenity as from no other kind of sexual behavior. He gained a special thrill from viewing motion pictures he had taken of himself dressed as a woman from which he judged the success of his masquerade. He then loved himself with such narcissistic

intensity that he felt almost satisfied.³ The patient was eager to undergo any kind of castrating operation, and he was seriously inquiring and reading medical literature about post-operative endocrine medication to stimulate the progress of his development into a female. Of his dreams, which he did not choose to remember in detail, he reported only that he saw himself 'as a woman—nothing else'.

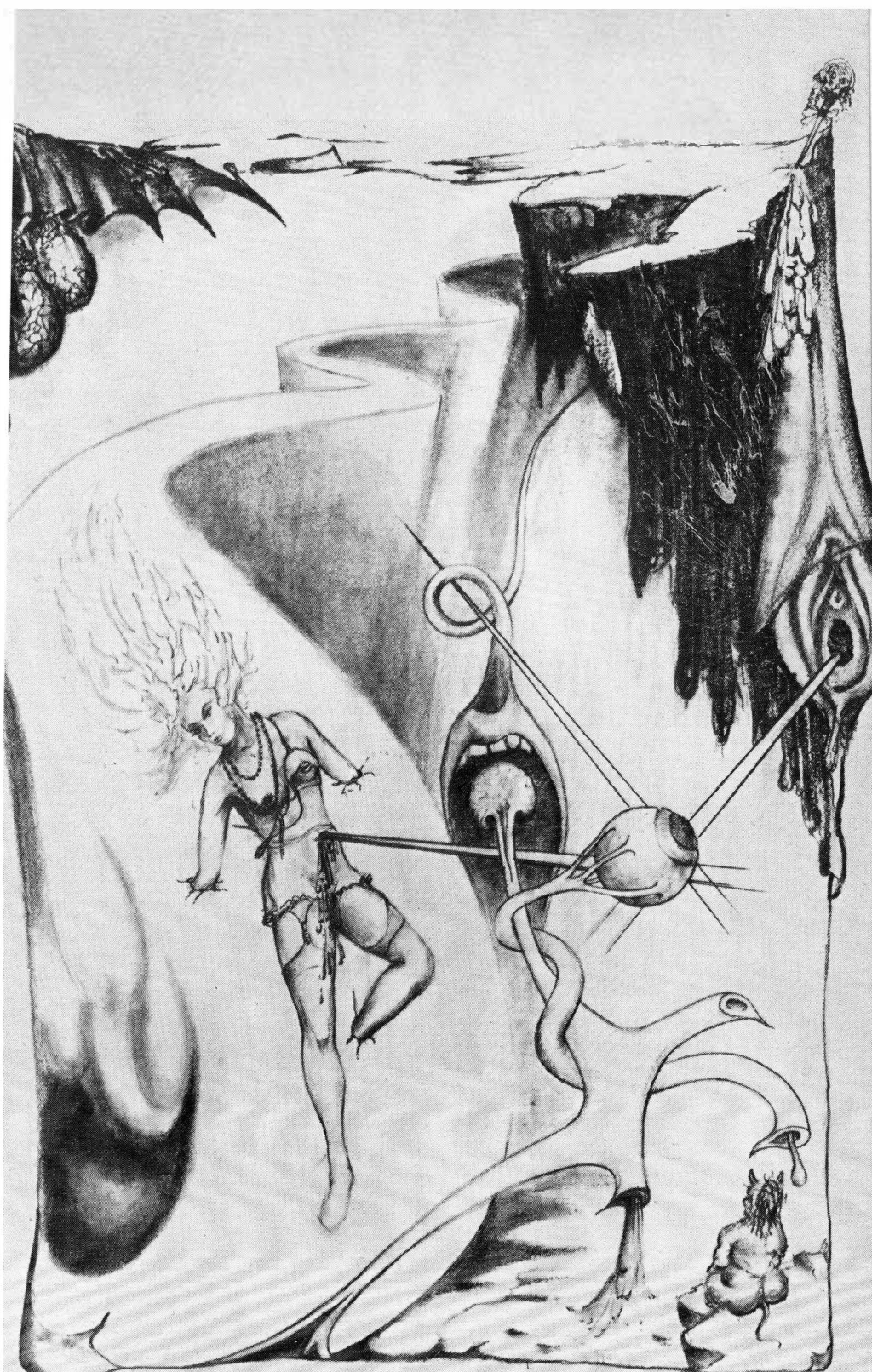
He frankly envied women: 'They are always ready for intercourse. They do not need to have an erection. The orgasm they feel must be much better than that of a man.' He never visualized a partner in his fantasies, being, as he stated, 'after the mirror effect'. He talked also in this connection about 'the unit', clearly indicating that he was trying to combine in himself two entirely different identities, one male and one female.

His unconscious fantasy corresponds closely to the ancient rites of self-castration of the Phrygian-Roman Cult of the Great Mother. A true 'Fanaticus' who wanted to become one of the Galloi, a Famulus of Cybele, was willing to castrate himself as the true believers did some thousand years ago on the anniversary of Attis' death. As Edith Weigert-Vowinkel explained in her account of the ancient myth, such a person was then 'excluded from the masculine struggle for life. To be filled with the Great Mother, to be possessed by her, was the only form of life they desired'(4).

THE PATIENT'S DRAWING

The two masks in the upper corners of the picture create the impression of a curtain on a stage, drawn aside. The anatomical right side (the reader's left) shows the Head of the Medusa, with her living, phallic hair representing the masculine side as it usually does in dreams and symbolism.

³ According to Pausanias' version of the myth, Narcissus loved the reflexion of his twin sister as if it were his own. Quoted by Henry Alden Bunker in Narcissus, A Psychoanalytic Note, in *Psychoanalysis and the Social Sciences*. New York: The International Universities Press, 1947, Vol. I, p. 159.



Only the suggestion of a curtain is given. The sides of the curtain lead into representations of genitals. On the left, the female side, the vulva is pictured with almost anatomical realism. The right, the male side, is much less realistically depicted, suggesting that masculinity is not the principal object of the patient's curiosity. Two testicles, enucleated, appear in the upper corner covered by a bat's wing, juxtaposed to space as if to emphasize the absence of the penis. The motif of the testes without penis is repeated in the lower right corner. Nowhere is there a realistic representation of the penis.

The upper framework of the picture shows a barren flatland which suddenly breaks into a deep gorge. Below, this motif is repeated with—on the edge of the cliff and facing the scene with detached interest—the psychiatrist portrayed as a devil with horns, or a witch with a tail. The frame of the picture, taken as a whole, describes an intense sexual conflict between an exaggerated emphasis on the vulva and the detached testes without a penis. The existence of the penis itself is denied. Within the frame, one is impressed by the depth and length of the gorge. The canyon seems endless. The structure resembling a highway seems to come from a distant past extending into the foreground (the present).

Surrealist artists use perspective to create an almost physical feeling of regression, an awareness of the connection between the present and the past. Salvador Dali's pictures frequently have this *déjà-vu* quality, if one is free enough to allow himself the pleasure of a temporary, passive regression. This emotion is reminiscent of the schizophrenic feeling: 'I might have been there before in a previous life', that is, in the life before the infantile amnesia blocked the road to memory.

In the center of the picture is an enucleated eye looking at the vagina, a field of bloody castration, the destroyed hymen a dark opening. The surroundings seem to be dripping with blood. A variation on the theme of castration is the *vagina dentata*, a gaping mouth. The tongue is long and drawn out, transformed into a bloodvessel, neatly cut three times.

It is justifiable to reconstruct that this man, when an infant, visually misinterpreted the vulva to be a castrated male genital. It is noteworthy in the drawing that the castration is symbolized, but that it is clearly conceived as a literal castration denoted by the bleeding vagina, and testes without a penis. In typical transvestite fashion, the symbolic denial of castration is already implied: the testes may be found behind the curtain (under the clothes). The woman's clothing becomes a substitute for the missing penis.

The eye, which so courageously looks at the vulva, is turned away from the young woman stretched in the highway, her body pierced under the heart. A ray emerging from the wound leads to the eye, and a similar ray extends to the vulva as if to underline the association between the open, bleeding wound and the vulva.

The multiple mutilations of the woman's body are castrations more displaced than disguised. The forearms and a part of the left leg are missing. The intact, and even attractive, right leg of the figure tends to correct the impression of mutilation. It is as though the woman's castration is both emphasized and denied. Her genitals are delicately concealed, leaving undetermined the transvestite's insistent fantasy that the woman has a phallus concealed under her clothing.

The drawing of the woman's hair merits brief mention. Her body hangs from her hair as a carrot might hang from a large tuft of foliage. The body is almost streamlined to a trunk extending into the right leg and foot which are not mutilated. The patient most closely approximated feeling himself to be 'the unit' when wearing a wig which, with high heels, established a kind of narcissistic balance, a self-sufficient repose in encompassing masculinity and femininity in his own person. The phallic symbolism of hair scarcely needs mention here. The legends of the Medusa, of Samson and Delilah, rituals and neurotic reactions about hair cutting, are common examples. The negation of the woman's castration is magically achieved by the phallic equivalence of her clothes, or her hair, or her body as a whole.

The patient has illustrated the transvestite's dilemma: how to accept the 'fact' of castration and deny it too.

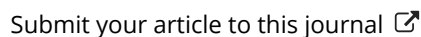
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EGO FUNCTIONING IN TWO TYPES OF DREAMS

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MIRROR DREAMS

In every analysis there are dreams which, like rubrics, indicate the course the analysis is likely to follow. These dreams express the main conflicts as well as the relative capacity of the ego to cope with them. The thesis is presented that mirror images in dreams represent characterizations of parts of the personality that are just emerging into consciousness.¹

Narcissistic types of patients often have dreams and fantasies of looking into a mirror. This narcissistic image evidences an attempt by the ego to look at a mobilized conflict. One patient fantasied seeing himself as either a very successful society man or a ghost. Both a man and a woman patient imagined themselves without faces. To both, the facelessness represented invisibility of sexual characteristics, as well as the idiomatic loss of face resulting from narcissistic injury.

Mirror fantasies or dreams are found to represent basic conflicts which are emerging from repression in analysis, and give clues to the narcissistic defenses against them. They include an elementary testing of reality, an attempt to see oneself as others see one, and a fear of so doing. The defenses against fear of castration are often closely related to mirror dreams but the ego

¹ Cf. Freud: Coll. Papers, IV, pp. 387-388. In *The 'Uncanny'*, Freud calls the symbolization of the 'double' an 'insurance against destruction to the ego', and states: 'The idea of the "double" does not necessarily disappear with the passing of the primary narcissism, for it can receive fresh meaning from the later stages of development of the ego. A special faculty is formed there, able to oppose the rest of the ego, with the function of observing and criticizing the self and exercising a censorship within the mind . . .' Freud then states in a footnote: 'I cannot help thinking that when poets complain that two souls dwell within the human breast, and when popular psychologists talk of the splitting of the ego in an individual, they have some notion of this division (which relates to the sphere of ego psychology) between the critical faculty and the rest of the ego . . .'.

attempts to dispel the fear of castration by increasing its integrative capacity.

A woman patient had developed, during two pregnancies, phobias of germs and insects, was practically unable to venture out of her home—she had also a symptomatic compulsion to wash her hands and hair—which, together, eventually dominated her entire life after her second pregnancy when all the previous symptoms became much more intense. Her compulsions and fears made life miserable for her husband and her two little boys. The first few weeks of her analysis she was totally unable to associate freely, lying on the couch saying nothing. Interviews with the patient sitting up resulted in some improvement, with the usual blocking, intellectualization and the need to ask questions, of the compulsive neurotic. After thirty-five analytic hours, when she had been relieved of some of her fears, she spontaneously lay on the couch and began to associate freely and fluently. The previous day she had been given the interpretation that she was fearful of repressed hostilities that threatened to emerge. Until now she had been aware of only the most self-sacrificing attitudes toward everyone. That night, she had a dream.

She was in a room the size of the analytic room and was walking with a girl, Irene, she used to know. Irene was standing in front of a long mirror with her hair done up in pins.

Her associations went directly to two Irenes, one her husband's sister, a very good, helpful, kind person with whom the patient was consciously identified; the other, who appeared in the mirror, was a mean, grasping woman, who had been unsuccessfully married twice, was uncouth and talked very loudly. She next thought of her younger son, the little one who looked in the mirror sometimes from his bassinet, and hurt himself while doing so. Her fear of what she might say on the analytic couch had been the fear of her unconscious hostile attitudes which were now about to emerge.

The dream of the mirror occurred at the time of the patient's first attempt, encouraged by the analysis, to face hidden conflicts. With the analyst's support, the patient's ego was strengthened sufficiently to permit some testing of reality, represented by a dream of looking at herself objectively, of looking at the problem as a first step toward its resolution. That such a nuclear conflict could be represented in this way in a dream, in a patient with such rigid defenses, indicates the ego's integrative capacity in the tolerant atmosphere of analysis. In this and the other cases cited, the patients were genuinely eager to be cured of their neuroses.

A twenty-five-year-old violinist, a very accomplished and able orchestral performer, had long recognized that he was unable to put real feeling into his playing. Despite many love affairs, he was aware that he had marked sexual inhibitions toward women. In about his sixth week of analysis he reported a dream.

He was in bed with a woman and his friend, John, was in the bed too, but down fifteen or twenty feet lower. John's feet were against the patient's feet like a mirror image. The patient made advances to the woman but nothing happened. Later he walked with John and said, 'That woman is going to be easy, can you give me some rubbers?'.

Among his associations, he recalled that the day before he had felt excited coming to see the analyst as when going to meet a girl in whom he was interested. The woman in the dream was the mistress of a musician. John was a fellow musician toward whom he had a strong homosexual attachment. The dream marked dawning insight into his latent homosexuality of which he had no previous awareness.

Five months later this patient had another dream which included a mirror.

His sister was in a bathroom in which there was a mirror. He was doing something to her with his fingers, apparently to her vagina, and his fingers were like a penis. He had an orgasm.

His sister was pregnant at the time, and he disliked to look at her large abdomen. In the transference, he was extremely envious of women patients and wanted their analyses terminated. He had had his analytic appointment cancelled the day before and was greatly annoyed. In the following weeks of his analysis, he began to analyze his partial feminine identification, and his hostile rivalry with women. Fixation to his erotized hostility toward his sisters was displaced to his musical instrument. A strong urge to attack women with his hands emerged from his unconscious, which related to a symptom, numbness in his hands, which prevented his playing music with adequate feeling. His instrument, in a dream, was associated with his pregnant mother.

A young woman dreamed that she stood before a mirror admiring herself, dressed in a beautiful, finely embroidered, flowing dress, with bare shoulders and many underskirts. She described the dress as making her look 'effeminate'. In similar previous dreams, something always was wrong with her costume.

This dream marked in analysis the emergence of her lack of confidence in her femininity, and her chief defense was overcompensatory femininity. Her unconscious aim was to control men. She was just beginning to realize that her flaunting of femininity was not successful, and that it did not conceal her feminine inadequacy.

About nine months later, this patient dreamed of seeing herself in a mirror, with gray hair. She was by this time quite conscious of her fears of femininity and just beginning to envy the pregnancy of other women and, as her associations showed, to wonder about her own capacities for motherhood. She wanted to steal men away from women. The compromise fantasy of feminine maturity as it was then about to emerge was, from feelings of guilt, to be a woman past child-bearing age, an escape from fears of pregnancy.

The mirror dreams described all ushered in new phases of analysis, and served as guides to the ensuing struggle of the ego

to master reality, to acknowledge to some degree, even in the dreams, the unconscious conflict being mobilized in the analysis, and the habitual defenses against it.

In literature, the relation of the symbolism of the mirror to insight is conveyed in Robert Burn's well-known poem, *To a Louse*; also the story of Alice in Wonderland who steps through the looking glass and explores the unconscious; and of Snow White in which the mirror answers truthfully. In the *Portrait of Dorian Gray*, the image is a painting that accurately reflects the unconscious.

DREAMS OF CATASTROPHE

Unlike mirror dreams which, along with narcissistic implications, indicate an urge to examine a mobilized unconscious conflict and an attempt to size up a real problem that is emerging, there is another kind of dream that indicates a retreat away from dealing with an overwhelming problem of the past which is being reactivated. In dreams of widespread catastrophe, the patient reacts to the mobilization of more affect than can be mastered by the integrative mechanisms of the ego, by projecting the affect and exaggerating the scope of the danger. Feeling incapable of coping with the anxiety aroused by the threatened emergence from the id of ego-alien drives, the patient creates rationalizations for retreat from fear. The masochistic² core of the dreamer's problem and the method of regression are a clue to 1, the overwhelmingly anxiety-provoking intensity of the mobilized affect, and 2, the method of dealing with these forces characteristic of the patient's neurosis. The variations in the content of catastrophic dreams, noted in the course of an analysis, afford valuable clues to gradual changes in the integrative capacity of the ego.

A distinction is made between 'bad' dreams of unpleasant

² Cf. French, Thomas M.: *Reality and the Unconscious*. This *QUARTERLY*, VI, 1937, pp. 23-61. Instead of a primary masochism in the catastrophe dream, it is more likely that the patient cannot approach full gratification of the wish, in these dreams, without realizing even in the dream the painful consequences of the emergent wish.

events from which the patient awakens with anxiety and dreams that involve such overwhelming catastrophes as wrecks, earthquakes, floods, fires, explosions, the end of the world. Sometimes an uneventful dream, as of being unable to find one's automobile, is invested with great anxiety, while others, in which there are melodramatic sequences resembling a screen play, are not very terrifying. In all dreams containing symbols of castration, birth, destruction or death there is likely to be concealed erotized wish fulfilment of aggression and masochism. In *The Interpretation of Dreams*,³ Freud tells a dream remembered from his own childhood about his mother's death which was a screen for a sexual interest in his mother, and caused him to wake up screaming; thus, terrifying, catastrophic dreams may combine intense gratifications with the threat of punishment for them.⁴

A study of catastrophic dreams reveals a subordination of aggressive impulses to masochistic aims. They are the opposite of mirror dreams, in that the anxiety mobilized is overwhelming and must be avoided by the ego. Such dreams are apt to be followed by particularly strong resistances, by a tendency to abandon the analysis altogether, and they signalize for the therapist the necessity for alertness and tact.

For example, a patient after about ten months of analysis had a dream.

His car was stalled and he was being pushed by two men near a railroad track. His brother was there too. He saw a train coming, about to hit his car and the people pushing him.

He awoke with anxiety. One of his analytic appointments had been canceled and he was very jealous of the patient to whom he believed his hour had been given. It reminded him of his

³ Freud: *The Interpretation of Dreams*. New York: The Macmillan Co., 1937, p. 537.

⁴ In traumatic neuroses also, as frequently observed during the author's military service, the catastrophic dream was readily mobilized as a response to some stimulus which ordinarily might have provoked strong conscious anger. Instead, the aggression was expressed in terms of fear and reactivation of the traumatic memory, in which the patient's guilt feeling over his aggression was expressed masochistically.

own brother of whom consciously he was very fond. He had been concealing mention of losing money to brother surrogates which would make him unable to pay for his analysis. His masochism, and his aggression against his current and a previous analyst (with whom he associated the two men pushing his car), his brother and the other patients, were both gratified by the destructive fantasy in the dream. In such dreams there is punishment for repressed sexual wishes which are ultimately related to father substitutes. Stimulated by a financial emergency and by a feeling of rivalry towards a male patient he felt would take his place, in his dream he had revived the primitive aggression against his brother and his father which he had never consciously admitted. He had no awareness of the connection between the repressed hostilities toward his brother and father and his current problems. The financial factor almost interrupted the analysis, but did not prevent analyzing his aggression toward his brother, the *œdipus*, and his masochistic response to it. This was followed by homosexual regression, with self-castrative wishes, followed by strong aggression.

Another patient had a disturbing dream under somewhat similar circumstances.

He was on board a destroyer escort trying to get the guns to work. His companion said: 'It is no use because we are out here to be fired upon by a big battleship'. The patient saw no point in sitting there to be fired on, and tried to work the guns but could not.

This patient was also in a state of mobilized aggression toward a rival, a woman, with whom he identified his mother who was for him a rival for his father's affection. He was hostile toward the analyst, mobilizing his hostility toward father figures. He complained that trivial things like being jealous of other patients were interfering, and that could not possibly be his problem, implying that the analyst was incompetent although he did not dare express his idea openly. His main conflict was delineated in the dream of waiting in the boat to be fired on by the larger boat—a masochistic identification with his mother, fear of his

father, and inhibition of his masculine strivings from fear of retaliation.

Catastrophic dreams occur when a patient is unable to find an integrated solution for his conflict, and alternates between wish-fulfilment fantasy and helpless fear, with the latter winning out. The dream represents a childhood situation rather than present reality; the wish fulfilments in the dream give way to the unpleasant traumatic realities of childhood, unchanged by learning and experience, because the traumatic situation was repressed and did not take part in the development of the ego.

The woman with agoraphobia, handwashing and hairwashing compulsions, and fears of contamination, had the following dream.

Her husband had started a fire in a small keg. It smoldered and suddenly began to catch fire all around. She told her husband, and he got a fire extinguisher which did no good. The flames spread, and the patient called the fire department, got worried about her younger son, and did not know whether she rescued him or not.

This dream was precipitated by seeing her children play with a mattress which made her afraid they would catch some disease from it, and she became very angry. Her unconscious hostility toward her sons and her husband was first beginning to emerge, and she was afraid of her inability to control her rage against them. This began to be connected in her mind with rage against a brother, born when she was three years old, of which she had never before been aware. This dream was followed by withholding and selecting expression of her thoughts, both as competition with the analyst and protection against her hostility toward all men. Ultimately her aggression against her mother, who drowned while pregnant during the patient's adolescence, emerged gradually without producing such severe disturbances.

An unmarried young woman had suffered all her life from recurrent nightmares. The second dream of her analysis was of

a whole street being gassed. To this she associated fear of losing her sanity, and a feeling that the analysis was her last hope. She had so much aggression against the analyst and her parents who were paying for the analysis, that she was starting the analysis feeling too guilty to expect to get well. She had a strong unconscious urge to be rejected by the analyst, or to fail in the treatment. Interpretation of these attitudes was followed by a masochistic dream of being in a concentration camp, escaping from it and then returning to give herself up.

About six months later, she dreamt about an operating room in which all the patients were to be poisoned and killed by the doctors, but the doctor in charge was an attractive movie actor. This proved to be a much milder protest against analytic interpretations, nevertheless injurious because they involved her castrative wishes toward men and her defenses against them. Soon after, this patient had the mirror dream described, of the elaborately feminine dress which she called 'effeminate', and which marked the beginning of an acceptance of femininity.

A male patient dreamed on the night before the first atomic bomb test that the bomb had produced a chain reaction that was spreading across the world and everybody was going to be killed. In his dream the floor began to tip, which by association reminded him of the rocking floor of a ship on which he had once had a severe neurosis. The dream was followed by a flight into health which served as an excuse for stopping the analysis for a time. Upon resuming treatment, after a short interval, the reasons for his flight and the anxiety mobilized in the dream of the atomic bomb emerged from repression as strongly hostile, competitive attitudes toward his very successful father toward whom the patient was submissive.

When unconscious, primitive aggression threatens to become a conscious impulse or fantasy, the ego of the patient must be able, without panic, to master the anxiety which is mobilized; otherwise the patient's ego resorts to various mechanisms of defense like repression, detachment, projection, and flight. The analyst's task with dreams of overwhelming catastrophe is to

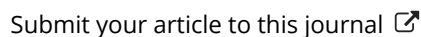
adapt the interpretations to the amount of insight the patient's ego can tolerate. Such dreams may be a warning signal indicating that the patient is likely to have to seek a way of avoiding an intolerable conflict. The analyst must be alert to detect the unconscious fantasies at work, and estimate the ego's capacity gradually to become aware of the conflict.

SUMMARY

The relationship of two types of dreams to the integrative function of the ego is described. Mirror dreams occur when this function of the ego is sufficient to deal with the anxiety attendant on the emergence of hitherto repressed conflicts into consciousness. When the integrative capacity of the ego under such circumstances is inadequate, catastrophic dreams occur.

S. S. Feldman

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MANNERISMS OF SPEECH

A CONTRIBUTION TO THE WORKING THROUGH PROCESS

BY S. S. FELDMAN, M.D. (ROCHESTER, NEW YORK)

Analysis of certain characteristic habits often reveals the deepest motives of the normal and neurotic personality. In the analysis of all kinds of patients it is undoubtedly desirable to unravel the background of personally typical habits. Perhaps it depends on the personality of the analyst whether he becomes interested in them or not. The writer has always been much interested in them and considers their analysis as belonging to the process of working through in treatment. On first suggesting to a patient that he consider analyzing his habits, one usually meets with strong resistance, but later the patient becomes interested and his coöperation is invariably rewarded by progress in the treatment. Some habits are disadvantageous to the patient and their cure is a deeply cherished secondary gain of psychoanalytic treatment. The nuclear complex (Freud) of a neurosis can be found in many of a patient's habitual actions which should be analyzed.

Freud (1) described the ultimate therapeutic effect in analysis as being obtained by a process of working through. The aim of this process is the aim of the treatment itself: overcoming and removing resistances. The patient inevitably encounters resistances and in the process of working through, the analyst is 'forcing the patient to make the transition from intellectual to affective understanding and acceptance' (2). According to Freud it is mainly the process of working through which convinces the patient of the existence and strength of the repressed instinctual urges, and this realization prevents him from faltering and becoming disappointed in the treatment. Working through is that part of the treatment which exerts a great influence on the patient; furthermore, it is what makes psychoanalysis different

from suggestion in that it provides the opportunity to abreact in a state of consciousness without which lasting therapeutic effect cannot be achieved. Freud once compared the psychoanalytic process to extinguishing a fire in a burning house. It would be of no avail to remove only the match which set fire to the house.

Freud (3), Rank (4), and many others regard speech not only as a practical device for communication, but also as a creation typical of the individual, expressing the intrinsic urges and motives of man. Many personal, emotional and intellectual difficulties are reflected in certain linguistic habits (5). Glauber has proved the importance of analyzing the form of a patient's speech (6).

Certain peculiarities of speech and gestures accompanying speech have been observed during the process of psychoanalytic treatment. These serve the patients who employ them as a kind of crutch, as an aid in overcoming a momentary paralysis or difficulty in speaking. Such persons are usually unaware of using them and, when they are made conscious of them, the patients have a feeling of paralysis—basically from anxiety—lose confidence, and are unable to continue speaking when they try not to use them. The phenomenon appears to be akin to the conscious rituals and ceremonials of compulsive neurotics from which, however, it differs in that the symptoms are confined to speech, are not organized, can be intentionally omitted and do not include the so-called 'death clause'. That the patient is unaware of these mannerisms indicates that, seemingly, they have become syntonic. Such mannerisms are never discarded for more than a few moments; they spoil the æsthetic effect of speech, and are irritating to the listener.

Among the many typical locutions, the most common examples are the following: 'er...er...'; 'but'; 'sort of'; 'wait a minute'; 'may I ask you'; 'look here'; 'I shouldn't say'; 'I don't know'; 'I think so'; 'do you know what I did yesterday?'; 'guess what'; '[do you] see what I mean?'; 'I say—He says'; 'I mean'; 'you know'; 'what if'. Some of the commoner gestures accom-

panying speech are: motions of the lips; putting the index finger to the lower lip or to the nose; various motions with the fingers; playing, as with one's eyeglasses.

'Do you see [or know] what I mean?'

The main complaint of a female patient was that she had a strong, undefinable feeling of guilt which had persisted from her early youth and from which all her other symptoms seemed to spring. From the time of her mother's death she had a recurrent nightmare in which, coming home to where she lived with her mother, she realized to her great horror that she had completely forgotten her for many days, that she had not prepared food for her, and that her mother was starving. Often after awakening she felt that the events of the dream were real and she had to assure herself that it was only a dream.

Her mother had been an invalid for many years. All her children were deeply devoted to her and had done everything for her comfort, as had the patient who, indeed, considered herself and was considered by others to be a most devoted, self-sacrificing daughter. But it was no easy task to gratify the mother's demands. The patient had always a tense awareness of caring for her mother. Her own sense of well-being was dependent on whether she felt she was doing enough for her mother. It was a great relief to her when even for a short time arrangements could be made which pleased the sick mother.

One day, in association to a recurrence of the nightmare, the patient described an incident in which her mother had expressed dissatisfaction, and the patient had gone to great trouble to provide more satisfactory living conditions for her. She thought she had solved the problem for some time and that she would now have the opportunity to devote herself without worry to her own affairs; however, hardly a day had passed before the patient found her mother in the same dejected and complaining condition. At this point the patient exclaimed: 'My heart sank into my shoes; I was dejected and in despair'; then, raising her arms and dropping them to her sides in a tragic gesture, she said: 'Do you know what I mean?'. At a similar

point earlier in her narrative she had used the expression, 'Do you *see* what I mean?'. The writer replied: 'I know what you mean but I wonder whether you know what you mean'. At this the patient raised her voice and with resignation mixed with desperation said: 'I know what you want me to say; you want me to say that at that time I had the feeling that I wished my mother should die. Yes, I did.'

If the patient had not been led to her own interpretation of 'Do you know what I mean?' the opportunity to bring her to the source of her underlying unconscious feelings of guilt would have been missed. When a patient whose statements are articulate and coherent still employs 'Do you see what I mean?' then it must have some meaning which, in a correct analysis, has to be verbalized.

A male patient had an impulsive urge to look conspicuously at women's legs or low-cut blouses (including the women in his family), and at men's trousers. He started one session with: 'I saw your daughter on the street. It wasn't the first time that I have seen her. I am interested in her, not only and mainly because she is a pretty girl, but because she is your daughter. Do you see what I mean?' Why does the patient need to ask when he says it so clearly? It is because he has omitted something, because he is repressing something important. At this point his ego is split into one part which wants the analyst to understand only as much as he says, and one which, for the sake of the cure, hopes that the analyst will see the repressed content. At this stage of the analysis his passive latent homosexuality was under investigation. Looking conspicuously at women serves as an identification with a woman for homosexual purposes, masked by the seemingly heterosexual interest. In a second layer the analyst's daughter substitutes for the analyst's wife and refers to a primal scene experienced in early childhood.

'Do you know what I did yesterday?'

Patients often ask, especially at the beginning of a session, 'Do you know what I did yesterday?'. Since it is impossible for

the analyst to know what the patient could have done yesterday, what can be the meaning of the question? It must have a meaning because it was asked. The writer has been able to find a few of the motives underlying this question but he is sure that there are many others: 1, to arouse interest lest the analyst is not interested; 2, to prepare the listener and make the impact of the story weaker—the patient feels guilty; 3, to gain time in order to collect courage and be more at ease in telling the story; 4, to fill the gap caused by the silence of the analyst—the silence frightens the patient.

'I don't know'.

A law student sought treatment for anxiety about his examinations for the bar. He had passed all his previous examinations and claimed to be well prepared for the last one also, saying that he knew all the material but that the idea of the examination made him feel that he would get stuck, that nothing would come to his mind, and that he would therefore fail. He was a shy and timid man, twenty-eight years old. Because of his timidity he had only superficial social relationships. He had had very few sexual experiences; it took a long time for him to take a definite step in this direction, and when he did so the sexual act was unsatisfactory and he suffered from ejaculatio præcox. Although he was, in general, on good terms with his parents, he felt uneasy in talking with them, especially with his father.

During the course of the treatment it was noted that the patient interlarded his sentences with the phrase, 'I don't know', and this always before he said something about which he was intellectually absolutely sure. The writer tried an experiment with him. In coming for treatment, the patient had to use several streetcars, transferring twice. He was asked to tell what steps he took in getting home from the office. He replied: 'I don't know. I'll leave this office; then, I don't know, I'll go to the corner, and, I don't know, take streetcar number so and so; then, I don't know' Thus he continued with every known

step until he reached home, or 'passed the examination'. He passed this miniature examination because of his feeling of safety with the writer and because he could use his crutches. But the idea of the real examination was more fearful, and because he might not be able to use crutches he did not dare take it. It was obvious that the patient was afraid to betray his knowledge of something unrelated to the actual questions he was called upon to answer. As far as he could recall he started using 'I don't know' at about the age of fourteen. At that time, because of his growing sexual urges, he was afraid of his father, and although he craved the support of his mother, he could not reveal himself to her in this matter as he had previously done in others. Having lost his mother's support he replaced her with an oral regressive defense, a 'clinging to', as a defense against the threatening father (7). In the face of the examinations for the bar he felt that the mother's support was no longer available or effective. His anxiety came to the fore in any personal relationship, and especially when he was speaking. The use of the 'I don't know' meant: 'Mother, please, protect me against father. I don't know anything about sexuality.' This was not true, but although he knew it, he was afraid to take responsibility for it.

A young violinist came into treatment because his arm trembled the moment he took his bow to play in the orchestra at public performances. This occurred after he was promoted to sitting closer to the conductor. He was the only son of a domineering and aggressive mother, who from early childhood had impressed upon him that he was frail and weak, that he could not take responsibility, and needed always to be taken care of by her.

Previous to this neurosis he had had a similar spell of anxiety when, at the conclusion of his studies, he had first had to play in public. After the concert he did not go out with the other boys, as was the custom, but because of his anxiety he went straight home, and (at the age of twenty-four) got into bed with his mother 'to be under her wing'. He married against

his mother's will, and preferred to visit his mother without his wife. Whenever his wife asked him what he had done at his mother's, or his mother asked him about events in his own family, he prefaced his reply with, 'I don't know'. This underlying conflict was extended into his speech no matter with whom he talked: 'I have to say that I do not know what I actually do know, namely, that I have not yet sufficiently matured as to be able to make a definite choice between my mother and my wife'.

'Er...er...'.

A young girl who constantly used the 'er...er...' as she turned her eyes toward a friendly person, had first been neglected and then abandoned by her mother. Her dream and fantasy was that she was in a cocoon, and she loved insects that live under the surface of the earth. She craved her mother's love, resented the loss of love, and turned with hatred against her mother. She was always looking for a good mother-substitute, and was never satisfied by the love she received.

'I say...He says...'.

A man of about forty used these phrases several times in every sentence he spoke. He was impotent with women, masturbated, had polymorphous-perverse tendencies. Outwardly he was an aggressive, self-sufficient and effective businessman. In his social and emotional relations he was full of ill-disguised fears, especially of men. There were classical features of oral and genital fears of castration. When walking in lonely places he was afraid of being attacked by men who might consider him homosexual and misuse him; when walking with a girl he feared he might meet a gang of 'tough' men who would take the girl from him. In the transference, he experienced impressive feelings of the same kind.

One might say that this patient was afraid to assert himself but, nevertheless, compelled himself to do so. The effort elicited anxiety from which he sought immunity by rituals of speech. He used 'I say' and 'He says' impartially; moreover he

rendered 'I say' erroneously as 'I says'. In this he was often corrected but no matter how hard he tried to say it correctly he always failed. His rationalization was that he came from a place where this error was habitually made but he realized that his education and his conscious efforts could have rid him of it. In the writer's opinion, 'I says' was for him less assertive than 'I say'.

'What if'.

A woman patient who suffered from anxiety hysteria and a compulsion neurosis very frequently used 'what if'. She had as an intimate friend a girl whose social position and wealth, and whose youthful attractiveness especially, she envied a great deal. She tried to hide this envy from herself because she was ashamed of it, and would have liked to be a good friend without envy. They attended lectures together and once on her way to class she noticed her friend's car parked in front of the building. At the same time she noticed a policeman coming out of the building and the thought immediately flashed through her mind: 'What if X has had a fatal accident and the policeman is here to investigate?'. It later transpired that the correct wording was: 'What would I feel, joy or sorrow, if I learned that X had suffered a fatal accident?'. By using 'what if', what really counts is left out. She uses the 'what if' continually because the struggle it represents colors her whole condition, and is strongly tied up with the basic problem of her neurosis.

Touching the lip.

A male patient, having among other neurotic symptoms strong masochistic desires which he frequently expressed in practice, constantly touched his lower lip while speaking. This gesture resembled the motion of moistening one's finger in turning pages. When questioned, he gave the rationalization that he did it because his lower lip became unpleasantly dry and had to be moistened. Analysis proved it to be motivated by strong anxiety with typical fears of castration. Although he was a

strong athlete, he was fearful of everybody, including small boys on the street against whom he felt helpless to defend himself. Objectively effective in his coitus, he obtained no gratification unless he subjected himself to a humiliating masochistic ritual. He often indulged in masochistic masturbatory fantasies and liked to touch the meatus to determine the presence of the urethral secretion, which facilitated the masturbation, and whose appearance was the signal to begin. His masochistic feelings originated in early childhood. His mother, a domineering woman, punished the patient by ordering him to bring a cane selected by her from several of different sizes which she kept in a corner of the room, and he had to bend over a chair while she spanked him. This was exactly the technique he re-enacted for his masochistic gratification. He could be effective—free from anxiety—only after he had been punished. Conversation intensified his anxiety, which was partially dispelled by recourse to the gesture which represented punishment and pleasure. It epitomized the whole masochistic process as if to say: 'I crave forbidden (incestuous) pleasure, but I am afraid that my father will punish (castrate) me. Mother punishes me because she loves me, and she won't harm my genitals. Having been punished I can permit myself to have genital gratification.' This case is evidence of the correctness of Hermann's interpretation of masochism (8).

Touching the nose.

The same mannerisms used by different persons may well have different motivations, but it is more probable that in the last analysis they can be traced to a common source.

The writer has observed that the touching of the nose is a common habit. Symptoms involving the nose are especially overdetermined. The sense of smell and thinking are closely correlated. Many people put some part of the hand to the nose while speaking, in lieu of the undesirable gesture of covering the whole face. They feel 'covered' if the nose is touched even by a single finger. In many persons this gesture indicates anxiety, a kind of stage fright requiring a magic touch through which they feel unseen.

A masochistic patient, a scholarly man with mild paranoid traits, had, with an elderly woman beneath his social standing, a relationship in which he was spanked by her on the naked buttocks until he developed an erection culminating in a 'most gratifying' ejaculation. He presented two interesting characteristics: when he walked or stood he kept the upper part of his body erect, so that his buttocks protruded; he had a mannerism of tapping his nose while speaking. He touched his nose with the right index finger, moved the finger away and brought it back with a jerk, which certainly looked like spanking. Like the previous patient, he had been spanked by his mother, but in such a way—by holding him between her legs—that his genitals were against hers. When spanked, he used to feel 'as if a tack were being driven by hammering into a board'. His outstanding clinical symptom was his anxiety, which caused a complete social paralysis. The anxiety, stemming from his unresolved œdipus, permeated all his activities, especially walking and speaking. By the magic gesture of 'spanking' his nose, the anxiety was allayed and the wish gratified (9).

Playing with the fingers.

A young married woman, in treatment for a complex perversion which rendered her absolutely frigid in her sexual life, had the habit, while talking, of taking out her handkerchief and performing an elaborate ceremonial with it. This consisted in turning the handkerchief around the fingers of her left hand in such a way as to separate the fingers from each other and especially from the thumb. The thumb remained outstanding, covered as if protected. It was disclosed in the analysis that the thumb represented the nipple and that she did not want any of her siblings to share in the possession of her mother (the nipple). Jealousy was one of the tormenting traits of her personality. She called her husband 'mother', and assumed toward him the attitude of a small baby at the mother's breast, expropriating her and thus satisfying her craving for attention and love. It was a difficult task for her to arrange the necessary emotional and physical conditions in her sexual life so as to secure—through mutual masturbatory manipulations—orgastic

gratification. Throughout all of her analytic sessions, the moment she began speaking she took out her handkerchief and started to establish a mother and child relationship; otherwise she felt unsafe.

A 'buttonholing' mother.

Convincing evidence that words or gestures may be habitually employed because of fear of separation and of being left alone was furnished by an elderly woman, the mother of ten children. When the children grew up and went their ways she developed certain habits when talking to them which later, especially after she was widowed, extended into her relations with everyone who came to visit and talk with her. After arousing her listener's interest in her story, she would abandon it and talk about other things. In this way she kept her visitor pinned down for a long time until she finally came back to the subject and settled it. Another of her habits was to grasp the hand, the arm or the garment of the person to whom she was talking so that the victim could not escape until she released him. When it was called to her attention, she said smilingly: 'I am a lonely old woman. Who wants to talk to an old woman? Nobody. Sure, people and my children like to come to see me; but only for a short time; after all they all have their own lives and are busy. I handle the situation by keeping them and forcing them to spend time with me.'

Connecting one point of the body with several points in space.

The writer wonders how he could have overlooked this action in so many patients, remembering how often he has seen it. One can better observe it when the patient is seated in a chair rather than lying on the couch. Then often one can clearly see that while talking and apparently concentrating on the subject, the patient is absorbed in choosing one part of his body, the tip of a finger, the tip of the knee, or the tip of his shoe, and is trying to bring it in line with several points in the room or even beyond it through the window.

Patients in analysis are often under pressure of anxiety, transferred onto the analyst, when facing him or when facing the unconscious. To relieve this anxiety the patient removes himself by this action from the whole situation. With the clarification of such actions a great deal of resistance is removed. It is possible that in neglecting them we might fail in our therapeutic goal no matter how well the analysis is progressing in other respects. We well know that often the analysis of a seemingly innocent symptom can contribute a great deal to the overcoming of resistance, aside from the fact that the patient might become interested in it, and the solution might be impressive.

We all might well do a little self-analysis of our own habits. How many of us in social danger-situations such as public speaking, examine our hands or our fingernails, presumably for the reason of pretending that we do not face a real danger-situation but are engaging in a harmless activity? How many of us cough before speaking, or drink water, or clean our glasses? Such mannerisms are a denial of danger; they are a clinging to an inanimate thing since the other person, the mother, is not available. The living person to whom one would like to cling is represented by an inanimate object.

In analytic working through such seemingly innocent symptoms may furnish just as much material and be just as useful as the analysis of many other items in the psychoanalytic process.

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Comments on the Psychoanalytic Theory of Instinctual Drives

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COMMENTS ON THE PSYCHOANALYTIC THEORY OF INSTINCTUAL DRIVES

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The field that the psychoanalytic theory of instincts, or drives, is meant to cover is not too well defined. It may well be true, as Freud himself felt, that some aspects of this theory do not show the same degree of lucidity we find in many other tenets of analysis. It seems, therefore, advisable to review, from time to time, the place of this theory in the whole of psychoanalysis, particularly in view of the ways in which analysis has developed so far. Progress in one direction has frequently implied changes—at least changes in emphasis—which often have not been explicitly stated. The empirical foundations of analysis are manifold, its theories are complex, verification is difficult and time consuming; therefore the actual interrelation of its various parts on (chronologically speaking) the same level has not always been clearly realized. Despite incomplete attempts towards a more or less systematic presentation, we may say that even at present an understanding of analysis is hardly possible without a detailed knowledge of its history. When working on some analytic proposition without such knowledge, one is likely to find one's way encumbered by hypotheses which actually belong in quite different stages of its development. This state of affairs is troublesome for the understanding and, of course, for the teaching of analysis. The endeavor to promote architectonic adjustments, a better coördination of factual and theoretical aspects, may also help us gain some new insight into certain problems which are either neglected or incompletely understood.

As this sounds like a rather ambitious program, I hasten to state that my aim is limited to the discussion of a few aspects of the theory of instincts. I shall try to find a point of view from

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which various concepts of what is called an instinct, or a drive, can be properly evaluated in human psychology. Following this I shall submit to your consideration some thoughts about the much discussed, but still, maybe, insufficiently discussed, relationships between the instincts of biology and the instinctual drives or instinctual urges of psychoanalysis, and the light our insight into psychic structure may shed on this problem. This leads then to the question of the probable difference in the function of the pleasure principle in relation to instincts and drives. Also I want to discuss briefly what analysis can contribute toward our understanding of the tendencies of self-preservation in man, and of self-regulating systems in general. Finally, I want to cast at least a glance at the way in which the specific approach of analysis can be helpful vis-à-vis some problems of general biology, and how the differences in approach reflect on one problem of the classification of instincts.

It has been said repeatedly that the definition of instinct is, after all, just a matter of convention, which is, of course, true in a sense; still, not all actual or possible concepts of instinct are equally helpful. Also, it may well be that for different fields of observation and for different methods of approach, the use of somewhat different concepts of instincts or drives may prove expedient. If what we call instinctual drives in analysis actually differs in some respects from most definitions of instinct used by biologists, this is no doubt partly due to the fact that Freud's immediate and main interest was in human psychology, while the observational data of the biologists pertain mainly to other species, particularly lower animals, and their findings and hypotheses are from there extrapolated to human beings. A second reason for such differences, closely related to this first one, we find in the specific methods of approach used here and there. Of course, all hypotheses about instincts must be checked the same way every scientific proposition is: as to consistency and conformity with whatever factual knowledge we have in the field with which we are dealing. Besides this, looked at from the point of view of analysis as a branch of human psychology, hypotheses about instincts must be evaluated according to

whether or not in human psychology they are actually or potentially useful.

It would be naïve to underestimate the rôle the concept of instinctual drive, as defined by Freud, played in the development of analysis. Obviously, this concept is the residue of detailed and prolonged study of human behavior under controlled conditions, and of the use of an observational technique yielding data which are, at least in part, not directly accessible to any other approach. Let us not forget that although scientific concepts are intended to facilitate, they may also handicap the coördination and explanation of facts; and not only the formulation of hypotheses, but the process of fact finding itself. In both, it makes a decisive difference whether the concept of drives is based on that plasticity and variety of needs we find in sexuality, or on that lesser plasticity and lesser variety of needs only we, for instance, find in the case of intake of food, or in the case of respiration. The history of analysis shows in a particularly conclusive way a mutual promotion of observation and theoretical formulation. While there are quite a few questions in the minds of some analysts and others as to the consistency of Freud's theory of instinctual drives, and as to some of its broader implications, there is hardly a doubt as to the fitness of his concept with respect to the methods he used and the field of observation for which it was devised and which it helped to develop.

To avoid misunderstanding, I add that here and in the following considerations I am referring to the concept of drives which we actually encounter in clinical psychoanalytic psychology, omitting Freud's other, mainly biologically oriented set of hypotheses of the 'life' and 'death' instincts whose interplay is meant to explain 'the phenomena of life' (*1*). These concepts are of a different order, as Freud clearly realized, and the corresponding hypotheses have to be proved or disproved biologically; also they could account for only one aspect of the psychological problems under consideration here, and so far have not added much to our understanding of the specific

functions of drives (in the psychological sense) in contradistinction to other psychic functions.

Freud defined an instinctual drive in the former sense as having an impetus, an aim, an object, and a source. He speaks of an instinct as a demand made on the mental apparatus by the body; however, even at the comparatively early stage of theory formation in which he introduced this formulation, he occasionally looked upon drives not only as factors acting on the mental apparatus 'from without', but also in a sense as working in the mental apparatus itself. Later he defined their position more closely by including their mental aspect in the functions of the id. The steps by which Freud came to develop his theory of drives and of their relationships to mental functions, and also to the principles which regulate these functions, Bibring (2) has clearly traced; but here I wish to discuss Freud's concept of instinct from a different angle. It may be useful at this point to summarize briefly some of the specific features of this theory which have been instrumental in that advancement of human psychology which is due to analysis. That for developing the greater part of these features it was the study of the sexual drives which actually proved decisive, I need hardly mention here.

For the field of psychology, the importance of the aims and objects of the drives came soon to outdistance by far the importance of their sources although the sources remain relevant because of their developmental aspects and because insight into the sources may be helpful in classifying the drives. This part of Freud's concept also presents a hope—not the only one—for a future meeting of psychoanalysis with physiology. The interest in the aims became predominant, particularly because of their wide variability, characteristic of the human species. Looked at from this point of view (with all its implications as to substitute gratification and aim inhibited expression), it became possible to draw a rather comprehensive picture of the correlations between a person's needs on various levels, his emotions, his ways of solving problems, etc.; and a wealth

of concrete features, heterogeneous as they might have appeared from another approach, fell into line. This, of course, also emphasizes the comparative freedom from reactive rigidity, the comparative independence from, and variety of possible responses to outer and to inner stimuli that we attribute to man to a greater extent than to other species. The study of the objects of the drives was the first, and still is one basic approach of analysis to the interdependence of individual and environment. It led to a detailed investigation of manifold typical and individual 'situations' in which the person finds himself confronted with reality. Genetically, Freud traced the interrelation of the child's demands on one hand, and of object formation and object relationships on the other hand, through the successive stages of instinctual development. This study, too, yielded significant insights into some more or less specific features of human nature. Thus the protracted helplessness and dependence of the young of the human species on the objects was found to be accountable for the fact that '... the influence of the external environment is intensified, the differentiating of the ego from the id is promoted very early, the dangers which the environment presents are increased in importance, and the value attached to the object who alone can offer protection against these dangers ... is enormously augmented' (3). Because of the actual predominance of the human objects over all other categories of objects, the detailed investigation of object relationships opened the way for analysis to become one fundamental approach to the social sciences. But in gathering a wealth of material on the ways in which a person's needs have a bearing on his relationships with the object world and vice versa, and in thus gaining insight into the mutual influence of outer and inner stimuli, a field was entered that is equally important today for the biologist's study of instincts. Furthermore, we should not forget that the distinction of typical stages of instinctual development, best studied in the case of sexual drives, and of their impact on aims, attitudes toward the objects, modes of action, etc., facilitated the task of finding a frame of reference for many data on growth

as well as development, that is, for the ever more fruitful genetic aspect of general psychology. It became possible to envisage the genetic aspect of human behavior in terms of a typical succession of instinctual organizations, of the conflicts among the drives, and between drives and ego and superego which correspond to these stages. Freud's emphasis on the energetic aspect of mental functions, which he soon came to tie up at least partly with the drives because they appeared to be an unexpectedly strong moving power in the background of human behavior, was frequently criticized by psychologists and biologists; but this is, in analysis, nothing like a metaphysical '*élan vital*', but rather an operational concept, devised to coördinate observational data. The concept of a continuity of this 'driving force' and the consideration from this angle of a great variety of mental acts makes these acts comparable, and their connections often traceable, at least as to this one aspect. The hypothesis that there may be different forms or conditions of that energy, and that they may be transformed into each other, has proved helpful also in describing the energetic aspect of the psychic systems. I conclude this enumeration by mentioning what, because of its importance, ought perhaps to have been mentioned first: that Freud's approach to the position of the drives in human personality comprised from the outset the consideration of conflict (between the drives themselves, or between drives and other psychic tendencies), and that this element has remained central in psychoanalytic psychology through all its stages.

Though it may already appear from these admittedly rather sketchy remarks, I still want to add explicitly that in order to fit the needs of a dynamic and genetic psychology it has proved necessary to extend the concept of drives in at least three respects. First, it has to extend beyond the physiological substratum traceable today. Second, it cannot be limited to the data of external behavior. We have to go to the 'sources of inner instability', as Gardner Murphy has it, who rightly emphasizes that to classify motivation according to external conduct is not too satisfactory, as it frequently gives no reliable informa-

tion on what is going on inside (4). Also, in analysis we are accustomed to basing our conclusions on the interrelation of both internal and external factors. Third, the concept of drives, which in analysis is necessary not so much to describe as to explain phenomena, has to transcend the phenomenological aspect, which means here the aspect of inner or subjective experience; that is, the conscious phenomena of need, of desire, of compulsion, etc. Such extensions, though they may seem arbitrary from a more limited approach, prove indicated for correlating the variety of aspects psychoanalysis has to take into consideration.

While stressing as essential these points of actual fruitfulness in the analytic approach to the problem of drives, I certainly do not wish to imply anything like a belief in the immutability or completeness of this theory. But I think that what I have said so far gives us some points of orientation in evaluating the potential significance of various approaches. To mention briefly two contrasting examples: there are quite a few psychologists who favor a very broad concept of drives, sometimes even broader than the one we use in psychoanalysis today. But as those concepts are not specific enough and lack an intimate relationship with clinical data, they appear somewhat thin, and fail if one applies them to our empirical findings. On the contrary, many psychologists have attempted to narrow the concept, to center it more or less around one or another of the aspects only it comprises in psychoanalysis—either the sources of the instincts, or the 'needs', or the patterns of 'instinctual behavior'; either the maturative or the cultural aspects, etc. There is no doubt that these avenues of approach have yielded a wealth of empirical data and worthwhile theoretical contributions in dealing with some circumscribed situations in limited fields of observation. Much of it—experimental and theoretical—may also help to clarify and to develop some phases of analytic theory. However, when confronted with more complex interrelationships of aims, objects and sources, as encountered in clinical work, these attempts prove not too helpful, especially for the genetic approach. It seems likely that it will become

necessary and feasible to integrate what is valid in these various approaches to our problem on a more comprehensive psychological level. While many of them started, historically speaking, with rejecting the scope and the concepts of analytic theory, this integration may after all prove to be not too dissimilar to the one that has developed and still develops in analysis.

In turning to what biologists call an instinct, I limit myself to a few points. In biology too the views on instincts vary rather widely, even among workers in the same field. There are still some controversial issues as to the relations between reflexes, tropisms, and instincts; also as to the respective rôles of 'outer' and 'inner' factors in instinctual behavior; needs, appetites, and instincts are correlated in a kaleidoscopic variety of conceptual patterns. There is no complete agreement about hereditary factors, the degree of rigidity of the instincts, or the rôle of learning. A glance at the concepts of Lloyd Morgan, Drever, Lashley, Myers and Wheeler—to name only a few among the great number of well-known authors—will bear out this point.

Many observers of animal behavior like to emphasize the almost complete rigidity of the instincts. They are most impressed by what Forel called the primary or hereditary automatisms, an expression of this inflexibility being that slight changes in the situation 'throw the whole instinctive series out of gear'. Others have modified these views to a certain extent. They observe that 'intelligence' enters instinctual behavior to a certain degree that varies with the species; also, to a slight degree, from one individual to another. There is also some variability according to the nature of the environment; furthermore, a more systematic knowledge has been gained of instinctual behavior in higher animals, particularly the mammals, and of the rôle of learning, and has contributed toward modifying the views held by the older school of biologists. These discoveries have acted as an added stimulus to formulations about instinct which include human behavior as well as the behavior of lower animals. These few barren sentences do not do justice to what is one of the most fascinating chapters of biology.

At this point we meet again a great many diverging opinions. No longer satisfied with the sweeping generalizations encountered in the older literature, it is difficult to find a definition applicable to both lower animals and man. What in man can be compared to 'instincts', one author states consists '... far less essentially in the release of appropriate, inborn, mechanized reflexes, far less essentially in any stereotyped means of achieving certain "ends", than in the awareness ... of those "ends", in the interests in and the desires ... for them, in the "innate determining tendencies" evoked ... and in the use of intelligence brought to bear in their achievement. ... In man, indeed, intelligence has largely usurped the functions of specific inherited behavior' (5). With this clear and suggestive statement we may easily agree. It is noteworthy that it uses psychological terms, and indeed the use also of psychological methods of investigation has been advocated by many who have studied the problem of the equivalents of instincts in man. Here and there even a few elements of the psychoanalytic theory of drives have been accepted, but to describe the specific position of the drives in human psychology it is not enough to say that there is a difference of degree between instincts and drives; structural concepts are called for.

Some of the characteristics of human behavior, which are often difficult to account for by the biological concept of instincts, coincide rather neatly with those phenomena which the analytic theory of drives was developed to cover: the relative independence from outer stimuli which makes for a greater plasticity of adaptive behavior; the greater variability of responses to inner stimuli; the continuity of the driving forces; the fact that there is constant transformation of the energies we relate to the drives—therefore the relaxation of tension in one system has always to be considered in connection with the tensions in other systems, etc. I choose these examples at random; many others come to mind. To account even better for the more specific correlations of these and other phenomena, which we consider to be characteristic of human behavior, the

psychoanalytic theory of drives had to be supplemented by still another set of concepts and hypotheses.

With respect to the point in question, the work on instincts done by biologists has for us a twofold interest: while pointing to elements common to lower animal and human behavior, it also challenges us to gain a clearer and more complete understanding of the differences. Analogous situations and questions arise in the research of biologists and analysts, though in a different factual and conceptual setup. One author (Brun), who is a biologist and a psychoanalyst, studied the behavior of lower animals in terms of psychoanalytic concepts like the pleasure principle, conflict, displacement, etc.¹ But even where the biologist's approach and terminology differ widely from ours, we still can greatly profit from his findings and conclusions. To give one example: Lashley, in his brilliant study on the experimental analysis of instinctual behavior (7), has no use for a general concept of drives, relying entirely upon 'very specific sensory-motor mechanisms'. But his paper abounds in suggestions which can bear fruit also in analysis; however, in such cases, assigning them their place in our own experience has to be preceded by some careful work of translation and of scrutiny to find out whether, or how far, seemingly similar problems are really homologous.

Even if one could devise a definition which covers everything that biologists, physiologists, psychologists, psychoanalysts, and philosophers call an instinct, the expectation that this most general concept would be the one best suited, let us say, for the biological or for the analytic approach would have to be proved. Some degree of differentiation, according to the field, might be found useful. An overall definition would stress the continuity of the phenomena from animal to human behavior, which has in many respects proved helpful in biology. But, then, this continuity is after all a genetic one, and what degree of actual homology of the phenomena exists on different levels

¹ In his latest book (6) Brun proposes a general theory of instincts which partly differs from the propositions in this paper.

would require much further empirical study. Equating instinct and drive, though stimulating in some respects, has proved misleading in others.

As to terminology, Freud used the word *Trieb*, in contradistinction to the word *Instinkt*, used in biology. Freud's translators did not deem it important to make an analogous distinction. However, it was often said by analysts, as well as by others, that it would help toward clarification if the acceptance of the respective factual and conceptual differences were followed by a terminological differentiation, and it was suggested to speak in analysis of drives, or of instinctual drives or instinctual urges. Accustomed to the older term, we all sometimes use the word instinct where the word instinctual drive would be more appropriate. Of course, this terminological habit would have no importance, if it were not for its possible theoretical implications. In any case, to do away with the conceptual ambiguities will enable us better to deal with the very real problem of what are the actual relationships between the two sets of facts, which the terms instinct and drive are meant to cover.

Let us view the problem this time from the angle of structural psychology. Psychoanalytic psychology has frequently been considered a psychology of drives only. This opinion, held by many, is incorrect, even more so in the later than it was in the earlier stage of psychoanalytic development. It does not correspond to the psychological theory of analysis to include all aspects of mental functions in the psychology of drives, not even, strictly speaking, in a genetic sense—and in this connection I refer the reader to some statements about an autonomous aspect of ego development in Freud's last writings (8). This portion of his work is still partly in that phase of latency through which many of his important discoveries had to pass before being generally recognized, even among analysts. Energically, we may well say that the id, the realm of the drives, is the most important reservoir of psychic energy; still, we work in analysis with the hypothesis that once the differentiation into three mental systems has taken place, each one of these systems dispenses

psychic energy. We describe the systems also as to the forms and conditions of energy they use. Of the forms and conditions of the energy used, of their origin, and their interchange, suffice it to say that the momentum to activity, the dynamic and energetic aspects apply to all systems of personality, but that we find differences among the id and the ego and the superego not only with respect to their organization but also with respect to this momentum.

Certainly no thorough insight into psychic structure and into psychic conflicts could have been gained without knowledge of the psychology of the drives. But today we may add the reverse statement: we cannot really understand the functions of these drives without looking at their position in the framework of the psychic structure. Also the differences between the instincts of lower animals and the drives of man become quite clear only if we take into account what insight into the formation of psychic structure psychoanalysis has developed.

In the first, the undifferentiated phase of child development (9, 10), we find in the child a certain number of needs, impulses, and behavior patterns that it is hard to attribute either to an ego or to an id in the sense we apply these terms to later development. With the differentiation of the ego functions the picture changes. The ego grows and develops into a specific organ of adaptation and of organization, and the id becomes a partly separate system with its specific characteristics. This process of differentiation is in part traceable to a characteristic feature of human development, the 'protracted helplessness and dependence of the young of the human species'. Some years ago I suggested that it is this very process of structural differentiation to which the differences mentioned between the instinctual behavior of lower animals and the behavior of human beings are mainly due. Obviously many functions, which are taken care of by instincts in the former, are in man functions of the ego. The characteristic plasticity of man's adaptive behavior, in contradistinction to the relative rigidity of that of lower animals, and his greater learning capacity are outstanding

examples of the resulting differences. The freeing of many abilities from close connection with one definite instinctual tendency, we could describe analytically as the emergence of the ego as a definable psychic system. To speak of greater or lesser plasticity, of more or less intelligence involved, as was frequently done, is to give a rather poor account of the facts; hence we need a model of psychic structure which shows the interrelations of drive, intellect, adaptation, integration, etc., by assigning them their place in relation to those centers of mental functioning which in analysis we call systems.

We assume that there is a continuity in the evolution of the mind from the functioning of lower animals to the human mind, and that there is a genetic connection between the instincts of the former and the determinants of human conduct. But it appears quite definitely now that it constitutes a one-sided approach to consider only the genetic relations between animal instinct and human drive; it means an overlooking of the no less important relations between animal instinct and human ego functions. That mistake is suggested by formulations which stress the identity of instincts and drives.

I consider it rather likely that the differentiation of which I spoke provides us not only with a specific organ of adaptation, the ego; some characteristics of the drives, of the id itself, as we know them in man, may be the result of changes traceable to the same differentiating process. The id, too, does not appear to be a simple extension of the instincts of lower animals. While the ego develops in the direction of an ever closer adjustment to reality, clinical experience shows the drives, the id tendencies, to be far more estranged from reality than the so-called animal instincts generally are (9), although the instinctual reactions of lower animals are by no means always adaptive. This is a second point where the description of drives in terms of instincts has, I think, considerably delayed the progress of psychology.

A certain degree of structural differentiation might also be found in other higher animals, though not to the same extent to which it is developed in man; here, then, we may expect to find also something more or less similar to the drives of man.

On the other hand, even in man, especially in very young children, vestiges of instincts in the sense of biology may be traceable.

As for the relation of the pleasure principle to self-preservation, one may assume that Freud's statement, '... there is a long way from pleasure principle to self-preservation', is probably not valid to the same extent in lower animals as it is in human beings. The famous thesis of Malebranche and many others on this subject describes the situation in man rather incompletely. This thesis says that God has attached pleasure to certain objects which man ought to seek, and pain to other objects which he ought to avoid in the interest of self-preservation. What Malebranche means here comes rather close in a sense to what modern authors say about instincts, but it can be applied to the drives of man only with major modifications. We would have to consider the changes of pleasure conditions which follow growth and learning, and to trace the differences between pleasure offered by the ego and pleasure due to the id functions, more fully to account for the facts.

The most plausible way to coördinate this with psychoanalytic experience seems to be to trace it again to the process of structure formation; however, a reciprocal influence is not out of the question. While structural differentiation probably complicates the relations between pleasure and preservation of the self—which, of course, is not to say that they are absent in man—this factor actually makes the development of a specific system for learning and for the adaptation to reality even more necessary, if, for a moment, you allow me to think teleologically.

What, then, can we say from our point of view about those psychic functions which actually do serve self-preservation in man? Here we certainly have to mention the drives, sexual as well as aggressive, as they obviously contribute to self-preservation, though it appears that they are much less directly connected with it (and also with preservation of the species) than are the instincts of biology. But I should hesitate to speak of whatever such contributions toward self-preservation there are as constituting an independent and definite drive. Freud at

one time made such an attempt and tried to identify this assumed drive with what he called the ego-drives, or ego-instincts, while later he included the drives toward self-preservation with the libidinal ones. Actually, in the course of the development of psychoanalytic theory, they gradually more or less lost their status as an independent unit. The tendencies whose aim it is to master the environment and which show a definite relation to self-preservation had a rather indefinite position in the system; today we rather tend to stress the aggressive elements we find in them and the rôle ego-tendencies play in their setup.

This may be the place to say a few words about what psychologists call pleasure in functioning (*Funktionslust*), the pleasure in activities themselves, or in overcoming difficulties, the child's enjoyment in the exercise of a recently learned function (11), etc., as contrasted with the pleasure we get from the effect of an activity. Its developmentally important rôle can be traced partly to the fact that through maturation and learning a series of apparatus in the non-conflictual sphere of the ego, and the corresponding activities, become available to the child (9). What is pleasure and what is not parallels at least to some extent the development of the ego, and the potentialities of pleasure-gain offered by the evolution of the ego-functions play a paramount rôle in the acceptance of the reality principle. Somewhat similar ideas are expressed in a paper by Hendrick (12), but I am not convinced that the introduction of what he calls a 'basic instinct to master' is really unavoidable.

Of Freud's 'principles', the reality principle, of course, contributes directly to self-preservation.² The other principles (the pleasure principle, the nirvana principle, and I may mention here the repetition compulsion also) do not aim at self-preser-

² The relation of this principle to other forms of regulation is not always clear. Freud's other 'principles' are tendencies serving the aim of dealing with the quantities of excitation in the mental apparatus, in modifying them as to quantity, quality, or rhythm; but the reality principle rather points to the ways in which such tendencies are changed as a consequence of the individual's adaptation to the outer world; therefore, it seems difficult to consider it on the same plane as the other principles.

vation in any direct way, but they may, in collaboration with and under the influence of other factors, be made indirectly to serve its purpose. Factually, there is even in man a broad field of coincidence of pleasure gain with self-preservation, about which I said a few words before. However, what I want to stress here is that it is the functions of the ego, developed by learning and by maturation—the ego's aspect of regulating the relations with the environment and its organizing capacity in finding solutions, fitting the environmental situation and the psychic systems at the same time—which become of primary importance for self-preservation in man. In a different and less specific way, the superego partly contributes, as in the case of social adjustment.

It is mainly the ego functions, but also the other factors mentioned, and their interaction with situations the individual has to meet, which we consider when in analysis we speak of self-preservation. To throw all these factors together and to call the sum total a drive for self-preservation does not agree with our concept of drives and obscures rather than clarifies the problem. Whatever the part played by the drives in this setup, there can be no doubt that other important elements participate in it. It is certainly not easy to evaluate the respective strength of the many factors involved. But I should rather agree to what Freud says in his *Outline of Psychoanalysis*, published after his death (13): 'The ego sets itself the task of self-preservation which the id seems to neglect'.

Freud's principles represent several kinds of regulating processes, tending toward different types of equilibrium. To accept this plurality instead of adopting a monistic theory of regulation, Freud was led by factual observation and not only by some implications of his theory. Actually, we find overlapping of those tendencies; also a process establishing a state of balance in regard to one such self-regulating mechanism often proves to induce a state of unbalance in another. This is especially clear in the case of the pleasure and reality principles. To compare these principles to homeostasis is certainly a tempting undertaking. Hendrick (14), Orr (15), and Kubie (16), among

others, approached the problem from this angle; however, it may be necessary to make a distinction between the principles with respect to the degree to which they lend themselves to such comparison. Only of the reality principle can we say that it directly serves self-preservation and tends toward something that could rightly be described as 'adaptive stabilization' (17). As to the other principles, this criterion of homeostasis does not apply. The tendency, attributed by Fechner and Freud to the psychic apparatus, to keep excitation at a constant level, makes for a type of equilibrium which is not directly adaptive; and the nirvana principle which we may distinguish from that tendency, as it attempts a minimization of excitation, is even further removed from adaptation. On the other hand, we may add that another characteristic of homeostasis (the achievement of a greater independence from actual stimulation) we find also in these self-regulating mechanisms introduced by Freud.

Self-regulation can be described on different levels; at least in the adult different layers can be distinguished. Apart from the principles, there is one level of self-regulation which corresponds to what we usually call the synthetic function of the ego or, as I would prefer to call it, its organizing function (18): it balances the psychic systems against each other and regulates the relationships between the individual and his environment. In the course of development this form of regulation is partly added to less specialized mechanisms and partly substituted for them. The development of this organizing function seems to be part of a general biological trend towards internalization; it also helps towards a growing independence from the immediate impact of stimuli. On the other hand, when this highly differentiated form of regulation is interfered with, more general and primitive ones may take its place. A suggestive parallel to this psychoanalytic insight is found in experimental physiology (19).

It is obvious that Freud's approach to the problem of drives has paralleled the growth of psychoanalytic insight and refinement of the method. In the beginning, Freud applied to his

material the conventional dichotomy of drives that serve the preservation of the individual (at one time they were identified with the 'ego-drives'), and drives that serve the preservation of the species, (while being quite aware that this proposition is '... merely an auxiliary construction, to be retained only as long as it proves useful' [20]). Later, much of what had been called 'ego-drives' was ascribed to functioning of the system 'ego', and all drives were attributed to the system 'id'; also the earlier dualistic theory was gradually abandoned and after some tentative, intermediary, theoretical steps, Freud's main interest was finally centered around another dualism of primary drives, sexuality and aggression.³

Structurally, aggression in the sense used here has the same position as sexuality; it is nothing like an 'ego-drive' but part of the id. This structural position, by the way, also distinguishes it from the older concept of aggression as used by Alfred Adler. Of the psychology of aggression, I here mention one point only which stresses a parallel with libido. While the two drives differ as to the contributions they make to the formation of ego and superego, I think it is true of both of them that their energy can be neutralized in their service. Aggressive energy participates in the development of psychic structure, but the psychic systems, once they are formed, also provide it with specific modes of expression. Reality situations, in man, appeal sometimes to the unmitigated expression of aggression, but in many more cases to its sublimation (23). Both obviously may be useful for the maintenance of life, but it is of course even more true of aggression than it is of sexuality that its aims often run counter to self-preservation, specifically in the case of that typical expression of aggression, self-destruction. However, if we accept the hypothesis of a neutralized form of aggressive energy working in the ego (which does not represent self-destruction), that far-reaching idea of Freud's, which in its strictest sense means that self-destruction is the only alternative to destruction (24), can be questioned. One may say of this idea

³ For a historical presentation see (besides the paper by Bibring [2]): Jones (21), and Hitschmann (22).

that, while it occurs historically in the later phases of his thought, it belongs systematically to the prestructural stage of psychoanalytic psychology.

May I repeat what I said before, that neither the aims of sexuality nor of aggression, as we use these terms today, suffice to account for the mental mechanisms which serve self-preservation in man. But it also has been recognized long since that the aims of sexuality are by no means limited to the aim of preserving the species either. We may ask ourselves what this detachment of our theory of drives from the problems of the preservation of the individual and of the species actually means. In part, as mentioned before, it is certainly due to a more complete understanding of the place of drives in psychic structure; from here, the contribution of other factors than drives can more clearly be seen and described; but I think that this detachment also reflects a better insight into the analytic approach in contradistinction to the biological one. I am speaking of a difference in approach only, because in a systematic sense we may very well maintain that analysis is a biological science. We find in the psychoanalytic literature of the past, sometimes even in current writing, the discussion on one plane of drives toward self-preservation, and of sexual and aggressive drives. It may well be that such a juxtaposition is altogether misleading; one cannot put them one beside another if they reflect different principles of classification. How the biological, the 'outside' approach came to distinguish between self-preservation and preservation of the species does not need any comment. How far does the analytic approach differ from it, and how can it still be put into the service of answering questions on the biological level? I think the rôle of analysis with respect to such problems is approximately as follows: we find out what the drives in our sense (in interdependence with ego and other tendencies) contribute toward forming those reactions which then—looked at from outside or 'biologically'—manifest themselves as self-preservation or as preservation of the species. Analysis shows along which ways, when, and by using what psychic material, behavior, as characterized by biology, is actu-

ally brought about and under what conditions it manifests itself. I may add that in proceeding along these lines the specific advantages of the psychoanalytic method with respect to biological problems can be fully utilized and at least one danger of equivocation is avoided. If what I have said is true, then that juxtaposition of which I spoke is really ambiguous as we supposed it to be.

Assuming that the analytic study of drives can make the contribution to biology just outlined, it might interest us to know whether the analytic approach may perform an analogous function in regard to other problems on the biological level. To give you an example: as many other psychologists do, Freud regarded the anxiety signal as a 'biological necessity' (25). Taking this for granted, what he actually studied was which way this biological necessity is dealt with in man, how it has been contrived in man, what are the preconditions of anxiety, what is its structural position, and what are the typical sequences of its developmental stages.

As a second example I choose the psychoanalytic theory of play as compared to other theories. There is a biological theory of play whose clearest formulation (26) views it as a kind of exercise with the function of preparing the child for situations it will have to meet in its future life. The analytic theory considers play according to its content, the experience the child may master in this way, the rôles of the pleasure principle and repetition compulsion in it, and how, according to the developmental level, the contributions of these factors vary. Here again, the theories are not on the same plane. The rôle of analysis in explaining the play of children is analogous to the one it performs in explaining anxiety. In both, analysis tends to substitute a dynamic-genetic explanation for a teleological one.

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NOTE ON AN 'AMBIVALENT' DREAM

BY HENRY ALDEN BUNKER, M.D. (NEW YORK)

The day after I read Dr. Bergler's paper, Three Tributaries to the Development of Ambivalence,¹ a male patient, a fairly severe compulsive character, reported a dream which seemed to me to confirm directly one of the constructions set forth in Bergler's paper. In this, it will be recalled, Dr. Bergler states *inter alia* that the anal regression evidenced in the wish to be anally penetrated by the father is an expression not only (as is well known) of the escape from the threat of castration connected with the positive œdipus into the passivity of the negative œdipus, but also of 'the old fantasy of being orally penetrated' by the mother's breast—nursing. Bergler has concluded, having been experienced by some persons as an act of maternal aggression: 'some children perceive breast or bottle feeding as acts of maternal aggression—for some children, at least, something like being pierced'. My patient's dream is noteworthy because it expresses the fantasy of anal penetration as including at the same time the fantasy of being orally penetrated, as though these two were the same and indistinguishable from each other.

I was riding as a passenger in what used to be called the tonneau of an automobile, when a dickybird flew in the rear window. It then began to sing in two parts. Its name was Amelia.

Passing over as self-evident the dreamer's passive rôle as a passenger, to say nothing of the rather gratuitous introduction of a French word in this connection, it may be remarked that while the symbolism of a bird is familiar enough in psychoanalysis, the dreamer's own associations arrived at the same result: 'Dickybird, dicky, dick (isn't that a slang word for penis?), prick, penis . . . In two parts [the patient is a musicologist]: an impossibility, of course—you can't sing in two parts any more than you can play a chord on a flute; being both masculine and feminine at the same time; I'd love to be able to do it; but we have a lot of collateral evidence also that "two" may refer to the breasts.' 'Amelia: a meal', was his instant association; to which he added, 'the bird comes in and it's a meal'.

In the light of Bergler's designation of ambivalence as the pres-

¹ This QUARTERLY, 1948, XVII, pp. 173-181.

ence of two contradictory feelings toward the same object at the same time, and as 'the outward manifestation of a desperate unconscious struggle between the wish to be orally and anally penetrated, and an anxious denial of this dangerous wish', it was rather arresting to hear my patient then go on to say, 'This begins to suggest to me my wanting a thing and not wanting it at the same time. When a thing is forced on me', he continued, 'then I feel I must rebel, even though I am attracted to or want the thing. You remember Miss Y., the aggressive woman with big breasts who forced the piano on me; and what did I do? I didn't practise, and I couldn't practise, and I can't play the piano.'

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**New fields of psychiatry. By David M. Levy, M.D.
New York: W. W. Norton & Co., 1947. 171 pp.**

Nathaniel Ross

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BOOK REVIEWS

NEW FIELDS OF PSYCHIATRY. By David M. Levy, M.D. New York: W. W. Norton & Co., 1947. 171 pp.

World War I was followed by profound and significant developments in ego psychology. These have had a salutary and sobering effect upon the application of psychiatry, as well as psychoanalysis itself, to the social sciences, an effect which was given a spirited impetus by the second World War. It is an interesting speculation that these attempts to synthesize our knowledge of human behavior might not have been set into motion without a cataclysmic threat to the existence of the race; in any event, whatever the limitations of psychiatry, it has become a matter of dreadful urgency that it organize its resources in the war against war. Ivory towers are not immune to atomic bombs.

Dr. Levy's book, set solidly in a matrix of clinical psychiatry based on modern psychodynamics, ranges the field from child guidance to political psychiatry. Such chapter headings as Comparative Psychiatry, Delinquency, Criminology, Industrial Psychiatry, Military Psychiatry, etc., illustrate the ambitiousness and versatility of his interests. Especially refreshing is his lively application of clinical data, which makes the first and last chapters delightful and impressive reading. The former, based on his work at the Chicago Institute for Juvenile Research twenty-eight years ago, contains data from a clinical conference illustrating with fine precision and clarity the varying viewpoints of a psychologist, a social worker and psychiatrists of different schools on the case of a thirteen-year-old boy. We are not surprised to find that the psychoanalytic view prevailed in the end; what is exciting is the knowledge that those were pioneer days, and that such triumphs were an augury of days to come, when the enormously fructifying influence of psychoanalysis was to lead it to a dominant rôle in the field of child guidance.

The final chapter of the book, A Sample Case Study in Political Psychiatry, describes in detail the examination of an applicant for a license as publisher in postwar Germany. Obviously, the prime consideration had to be the individual's political reliability. As

Dr. Levy says, 'This licensing power is very important because it involves the selection of people who have a big share in shaping public opinion in Germany'. Such personnel selection was done by the Screening Center of the Information Control Division in the United States Zone, consisting of teams of psychologists, psychiatrists and others, many of them Germans trained in a special school. Reading this case report, one marvels at the fineness of detail, and the masterful grasp of dynamics which was brought to bear on a task which is frequently enough bungled under far less stressful conditions. Not that there were no mistakes; Dr. Levy makes no extravagant claims. But there is enough to demonstrate that these were earnest, enthusiastic men, with impressive insight and real acumen, working coöperatively and realistically in a most difficult field of psychiatry. It is sad indeed to report, and provides cause for much unhappy speculation, that the school for training Germans in personnel work was functioning smoothly, when, says Dr. Levy, '. . . for reasons unknown to any of us connected with it, [it] was ordered out of existence'.

I find little room for disagreement in Dr. Levy's view that education should take cognizance of the great discoveries in the motivations of human behavior, and that there are ways of helping college students to understand something of psychodynamics. Certainly it may seem presumptuous, as Dr. Levy says, for psychiatrists to tell educators how to educate. But, as he adds, 'psychiatrists are more presumptuous than that', elaborating this view in his chapters on military, industrial, and political psychiatry. It is compulsive, and unrealistic, as illustrated in the history of medicine, to confine its scope to its antecedent limitations. An excellent example, which he gives, is the effect of Pasteur's discovery of bacteria in giving rise to '. . . a new type of physician whose practice involved a large variety of functions previously outside the realm of medicine'; furthermore, '. . . investigations of lead poisoning stimulated a new field of industrial medicine'. For better or worse, too often the latter, college students are actually being taught human motivation. One needs only to read the average textbook of psychiatry, written by their professors, and also by psychiatrists, to learn how badly this is being done. Not long ago a student in one of our leading universities told me that his professor of psychology had informed the class that psycho-

analysis, having been universally discarded, was now a historical curiosity in the field of psychology.

The current organization of committees of psychoanalysts in various fields of the application of our discipline, initiated by Dr. William Menninger, illustrates and expands the trend exemplified by the book under review. The bell has ceased tolling the death of isolationism in psychiatry, and the ranks of the purists who mourn its demise are rapidly thinning.

NATHANIEL ROSS (NEW YORK)

CONCEPTIONS OF MODERN PSYCHIATRY.. By Harry Stack Sullivan.
Second Printing. Washington, D. C.: The William Alanson
White Psychiatric Foundation, 1947. 147 pp.

This book is a reprinting of the first William Alanson White Memorial Lectures by Sullivan—the two last chapters expanded—followed by a critical review of Sullivan's theories by Patrick Mullahy.

According to Sullivan, current psychiatry reflects the influence of three men of genius: Sigmund Freud, Adolf Meyer and William Alanson White. To be sure, Sullivan presents a fusion of distorted and diluted extracts from Freud's discoveries, with Meyer's concepts of mental disorders as types of reaction to the demands of life, and White's vision of a synthesis between medical and social sciences.

'Man is not . . . a conflict of society and one's instincts . . .' (according to Sullivan this represents Freud's viewpoint), nor should we talk of instincts, impulses, drives, since they cannot be observed. What we do observe are ' . . . situations integrated by two or more people . . .'. Sullivan's constant emphasis on the functional inter-relationship between man and his environment—which has long been integrated in modern biological and psychological thinking—accounts partly for his difficulties in expressing himself clearly. Long sentences, abundant neologisms, a complicated bizarre style of writing, confuse the reader further. They conceal commonplaces and platitudes as well as the true brilliance of the author.

It need hardly be mentioned that Sullivan rejects Freud's structural concepts. Instead of using the terms, ego and superego, he speaks of the 'self dynamism' or the 'self system'. The 'self system' is 'made up of reflected appraisals'. Anxiety develops as 'a peculiar discomfort' from the disapproval felt through the 'empathic' link-

age between child and adult. If the 'self dynamism' is made up of derogatory experiences it will be self-derogatory and facilitate disparaging appraisals of other people. Thus security is lost and the 'self system' may apply infantile methods to re-establish it and to reintegrate interpersonal relations. This is in short the essence of Sullivan's theory of the origin of neurosis and psychosis and the basis for his clinical and therapeutic approaches.

In the first lectures he describes the process of maturation from infancy ending in adolescence which he divides into three stages: early adolescence, mid-adolescence (to the 'patterning of genital behavior'), and late adolescence when 'durable situations of intimacy' are established. The earliest emotional tie between infant and mother is called 'empathy' which is evidently considered to be independent of their instinctual interrelationship. In general, the process of mental and emotional maturation is separated from sexual development which is briefly reviewed according to the *Three Contributions to the Theory of Sex*. This and the *Interpretation of Dreams* seem to be the chief or only writings of Freud in which Sullivan is interested. The primary process is not mentioned, but described in terms of the earliest preconceptual or 'prototaxic' and, later, 'parataxic' symbolic activity, and the autistic thinking of the small child. Libido and the unconscious are never mentioned; repression is scarcely mentioned. Sullivan prefers such formulations as: 'Two or three kinds of dynamic component or impulse may be discharged in interpersonal relations, one which occurs within awareness, one which occurs outside of awareness, unwittingly "dissociated" or selectively inattended'.

The third, fourth and fifth lectures are devoted to the discussion of developmental syndromes, of neurotic disturbances and mental disorders and of their treatment. Sullivan's distinction of psychopathic, self-absorbed, incorrigible, negativistic personality types and the stammerer is interesting and constructive, though somewhat confusing and incomplete. He gives, subsequently, short but sometimes fascinating and original descriptions of the familiar types of neurosis and psychosis. Undoubtedly Sullivan has had tremendous experience and has a great 'empathy' with obsessionals and schizophrenics. In the last lecture which is on therapy, psychoanalysis, occupational therapy, institutional care are discussed.

The interspersed examples which demonstrate the therapeutic procedure are evidence of his therapeutic skill and of his ability to use common language when he pleases.

EDITH JACOBSON (NEW YORK)

PSYCHIATRIC RESEARCH. Papers read at the dedication of the Laboratory for Biochemical Research, at the McLean Hospital. By Cecil K. Drinker, Jordi Folch, Stanley Cobb, Herbert S. Gasser, Wilder Penfield, and Edward A. Strecker. Cambridge: Harvard University Press, 1947. 113 pp.

This group of papers makes up the ninth monograph in the Harvard University series on Medicine and Public Health. While each of them is oriented toward the general topic of psychiatric research, there is no integration of the several points of view expressed, and each stands by itself as an exposition of the particular author's more or less well-founded conception of what psychiatry is.

Dr. Drinker, discussing the history of research at the McLean Hospital, states: 'My many friends in psychiatry may disagree with me, but I think it fact that psychiatry has not advanced in the last forty spectacular years as have general medicine and surgery'. Thinking of psychiatry in terms of the chemistry of the brain he is '... impelled to the conclusion that so far as mental disease is concerned the credit side of the ledger has little to show'.

Dr. Folch, the new Director of Scientific Research at McLean Hospital, contributes a brilliant review of Biochemical Problems Related to Psychiatry. A biochemist, it is not surprising that he is '... prompted mainly by the consideration . . . that psychiatric conditions are indeed diseases of the brain'. Regardless of this his paper is a masterpiece of scientific exposition and presents data relevant to the problem of the biological aspects of ego development. Thus one is impressed by the fact that 'in the first years of life, when the material basis of personality is laid down, the brain occupies a central position in the energy balance of the whole organism'; furthermore, in the newborn infant, the phylogenetically younger areas of the brain are functionally non-existent. These areas have what Folch calls 'metabolism of growth' while only adult neural structures have a 'metabolism of function'.

Dr. Cobb reports on progress in the Integration of Medical and Psychiatric Problems at the Massachusetts General Hospital. One gathers from the context that this is an illustration of the progress of psychiatric research. The presentation, however, has more the form of an annual report, than of generalizations on the problem of research in psychiatry.

Dr. Gasser's paper, Protocol for a Review of Psychiatry, comes closest to coping with the general philosophical problem of research in psychiatry. He makes a scholarly argument for a logical semantic foundation for research in psychiatry and comes to the conclusion that the best way to proceed in reviewing psychiatry for its scientific content would be 'to fish in the pool of its sentences to see what would be caught with a net woven in accord with the current convention about scientific language'.

Dr. Penfield discusses the theory of the epileptic seizure with special reference to 'psychical seizures'. His paper, like Dr. Folch's, has that finite quality which makes some psychiatrists discontented with their own field.

In the closing paper of the series, Dr. Strecker makes a plea for the eclecticism which he feels is being approached in the psychosomatic concept. Addressing himself to those who represented the 'exact sciences' at the meeting he states: 'Unaided and undirected, the exact sciences cannot save mankind from destruction, however great their achievements. I think of the reflections of the philosopher who said that the airplane was made by supermen but had fallen into the hands of the apes. The exact sciences need less exact psychiatry. Pooling our efforts we can save man from destroying himself.'

Of all the contributors to the symposium, Dr. Strecker alone specifically acknowledges the contribution of Freud and of psychoanalysis to psychiatric knowledge. Nowhere in the book is there a recognition of the fact that psychoanalysis is a method of research, probably the most appropriate to the field which it undertakes to study. Nowhere is there any suggestion that each field of knowledge has its own proper tools and techniques of investigation which, regardless of their special nature, may nevertheless satisfy the scientific principles which are generally applicable to all fields of knowledge.

MAXWELL GITELSON (CHICAGO)

DEEP ANALYSIS. The Clinical Study of an Individual Case. By Charles Berg. New York: W. W. Norton & Co., Inc., 1947. 254 pp.

This book seems primarily designed for those whose theoretical knowledge of psychoanalysis exceeds their clinical experience. A narrative, rather than an exposition, it describes psychic changes in response to analysis, clarified and emphasized by frequent repetitions, illustrated and dramatized by excerpts from analytic hours. In his story, the author demonstrates such phenomena as the distinction between symptoms and psychopathology, the motivation and mechanisms of hysteria and accidents, the relationship between the unconscious and reality, including in his chapter headings, for instance, Regression to Infancy, The Father Fixation, The Homosexual Component and the Defenses Against It, and The Self-Sufficiency of the Anal Character.

Those to whom all these topics have become commonplace through long familiarity will be grateful for the vividness with which old tales are retold; others, still struggling to define and strengthen their understanding of these essentials will be glad of the insight the book brings them. However, many readers may well ask, 'Why did the author not stress that his patient was unusually familiar with analytic terminology, rather than give the impression that all analyses are conducted, as this one was, by talk of the ego and id? Is it true that what the author says to his patient should be couched in the same terms as his asides to his presumably more conversant readers?'

Statements like the following should be amplified, lest they mislead: 'He [the analyst] is able on appropriate occasions to give a really *deep interpretation* of the superficialities which the patient is presenting. Such an interpretation is not premature *if it does not arouse the patient's resistances* . . . this is a process of the analyst siding with the patient's id in contradistinction to his previous would-be mentors who have merely sided with his ego.' Sound as these observations are in their context, they would be better for some comment on the interpretation of resistances and of the ego defenses. Similarly incomplete is the statement, 'His [the analyst's] work in analysis is simply to allay anxiety preferably by its interpretation.' A translation of the patient's more idiomatic expressions into their American equivalents would give a better

picture of his personality than is presented here to readers unfamiliar with his particular brand of public school English. These and other objections are trifling compared to the value of the book, and probably stem mainly from unacknowledged envy by readers and reviewers of the story of an arduous and complex task so competently achieved, so lucidly expounded, so forcefully related and so modestly recalled.

GERALDINE PEDERSON-KRAG (NEW YORK)

THE SELECTED WRITINGS OF BENJAMIN RUSH. Edited by Dagobert D. Runes. New York: Philosophical Library, 1947. 433 pp.

In his illuminating paper, *Revaluation of Benjamin Rush*, Adolf Meyer expressed years ago a wish to see published for the benefit of the general reader, a small anthology of Rush's writings. Buried under the dust of oblivion, scattered in inaccessible journals and rare editions, some of his works deserve to be recaptured and re-evaluated in light of modern psychiatric thought. Rush, justly acclaimed the 'American Pinel', has more than an antiquarian interest. Such an anthology, according to Meyer, might be 'a real act of justice and a valuable stimulus for progress'.¹ This book is the first attempt at compiling such a selection, culled from various sources.

In his writings the 'first American psychiatrist' offers many interesting observations deserving to be known. He was the first to grasp the importance of understanding the interplay of mental and physical factors in illness; yet, he was entirely dualistic in his conceptual thinking. Deeply rooted in the speculative tradition that prevailed in the medical literature of the eighteenth century, Rush believed mental illness might be traced either to somatic or to psychic origins, or, as they were called in those days, 'direct' or 'indirect' causes. That traces of a psychobiological concept are attributable to him, making him a direct forerunner of modern psychiatry, is a well-known fact established by several historians of medical psychology.

Rush was much interested in dreams. In his second lecture on *Animal Life* he stated that 'dreams act at an early period upon the bodies of children'. He tells of a 'sensible woman' who 'forbad her children to tell their dreams, lest they should contract habits

¹ Amer. J. of Psychiatry, CI, 1944-1945, p. 439.

of lying, by confounding imaginary, with real events'. He therefore concludes that 'dreams are nothing but incoherent ideas, occasioned by partial or imperfect sleep'.

The roster of his own definitions of eighteen phobias and twenty-six manias are considered rightly to be the earliest definitions of that kind; for instance, the politician is called a 'liberty maniac', and the mania described as 'visionary ideas of liberty and government'—to which Rush appends the following remarkable description: 'It occupies the time and talents so constantly, as to lead men to neglect their families for the sake of taking care of the State. Such men expect liberty without law-government without power-sovereignty without a head, and wars without expense.' It is impossible to decode such a definition without a thorough knowledge of the French political literature of the post-Revolutionary period, where similar expressions of contempt for a 'professional libertine' are frequently expressed.

This goes for many definitions, concepts and interpretations abundantly interspersed in Rush's writings. Some of his therapeutic suggestions are tainted by an emotional exuberance, so typical and exemplary for the intellectual climate of the second half of the eighteenth century, when sermons were rationalized and medicine was sermonized. The extraordinary wealth of clinical observation one finds in Rush's writings requires an intimate knowledge of the historical background on the part of an editor who attempts a compilation of an anthology. Without annotations, introductory remarks or historical explanations, such a book offers little for an understanding of the rôle and importance of Rush in the history of American psychiatry.

This selection is poor and ill chosen. Important papers and lectures are not included, some of mere antiquarian value are unnecessarily reprinted. A reader eager to find a documentation of Rush's historical importance will be very much disappointed. Psychiatrists will seek in vain for illustrations of Rush's original contributions to psychiatry. The bibliography is not chronological; dates of original publication are not given. This is a hasty, amateurish, incoherent job which fails to recreate the spirit and personality of Benjamin Rush. Adolf Meyer's desideratum will have to wait for a more competent editor.

JACOB SHATZKY (NEW YORK)

REDISCOVERY OF JUSTICE. By F. R. Bienenfeld. London: George Allen and Unwin, Ltd., 1947. 263 pp.

Though this book is primarily juridical and political, the author's broad utilization of psychoanalytic data and concepts makes it valuable reading for every student of applied psychoanalysis.

The author clearly sees the shortcomings of the elder school of natural law, but radically to sever the basis of law from the idea of justice—as was the aim of certain schools of jurisprudence—appears to him as dangerous despite its partial scientific legitimacy, and actually more harmful than beneficial. The author's position can be identified with a trend in jurisprudence—which originated as a reaction against the positivistic and the historical schools of juridical thought—aiming to modernize some of the tenets of the school of natural law. Its founders at the end of the eighteenth century had hardly more than a common sense notion of human motivations. This the author tries to supplement by introducing into that doctrine the body of knowledge of the essential characteristics of man acquired since that time. In search for such principles as might be helpful in this reformulation, he came to discover the usefulness for his purpose of psychoanalytic science.

In a chapter on Justice in the Nursery the author traces the descent of various ideas of justice from typical situations in the relations between brothers and sisters, and between children and parents. Fully aware of the cultural modifications of child rearing, because of the predominance of the constant psychological factors he still feels entitled to speak of the 'immortal nursery'. The nursery is not taken just as a model in order to demonstrate some of the characteristics of larger and more complex groups. 'The same psychological and social forces which operate in the nursery persist in later life in society'.

In describing the formation of moral judgment in the child, the author uses terms which are usually limited to the political ideologies of adults. He speaks of the elements in the relations among brothers and sisters that have a bearing on the development of the sense of justice as principles of liberalism, conservatism, socialism, and communism; of those genetic elements of moral judgment which originate in attitudes toward the authority of the parents as theocratic thought, anarchic individualism, self-determinism, and social coöperation; also he asserts that the schemes accord-

ing to which every legal system of private law and public law is formed express the social claims of mankind in the relations between children in the nursery as well as between fellow men in society.

To state clearly the necessarily contradictory character of these 'natural' claims for justice is one of the author's main endeavors. Some particularly noteworthy pages are devoted to the question: how may these conflicting demands be reconciled?

That natural law differs at different stages of social and at every level of individual development, the author calls the 'relativity of natural law'; however, he feels that '... ideal rules of permanent value can be established for every class of subjects and for every stage of evolution to serve as a criterion by which to judge the rules in force. A law of nature or reason for every such stage is not only conceivable, but a reality.'

Sometimes the author seems to consider natural law as that set of rules which is proved, or assumed to be most expedient for a given stage of development. This would no doubt simplify matters, because expediency is on principle accessible to empirical verification, at least in the nursery; but, then, psychoanalysis has clearly shown that, into the formation of a person's idea of justice, factors enter which have nothing to do with expediency; the demands of the superego are not necessarily expedient in a subjective or in an objective sense. Also, to this portion of the author's argument, objections are bound to be raised on the basis of theories of value different from his.

The most extensive chapter of *Rediscovery of Justice* gives keen historical and political analyses of British, American, Fascist, Nazi, Soviet and other concepts of justice, under the heading, *Natural Law in its Evolution*. The last part suggests a minimum bill of human rights; perforce because the conditions in different countries vary to such an extent that a common denominator can represent only a minimum, and also because human demands on justice are partly contradictory. In his conclusion the author amplifies the latter point: 'Justice, by its very nature, must refrain from completely fulfilling any one of the eternal social demands, in order to protect all others and must, therefore, deny full realization to the most ardent desires of human beings'. In the moral idea of justice, the author ever more stresses those aspects that let it appear

as an expression of the reality principle; and he ends in a rather optimistic key: 'The indestructible impetus of Justice springs from its function as a weapon of security, peace, and order, and therefore of survival'.

HEINZ HARTMANN (NEW YORK)

SOME SPECIAL PROBLEMS OF CHILDREN AGED TWO TO FIVE YEARS. Eight Pamphlets Written by Nina Ridenour, Ph.D. The New York City Committee on Mental Hygiene, 1947.

The New York City Committee on Mental Hygiene has published eight pamphlets dealing with special problems of children aged two to five years: When a Child Hurts Other Children; When a Child is Destructive; When a Child Uses Bad Language; When a Child Won't Share; When a Child Still Sucks His Thumb; When a Child Still Wets; When a Child Masturbates; When a Child Has Fears. The bulk of this is written in short sentences, giving advice. The subject matter has been condensed in booklets varying from six to twenty-three pages. Psychoanalysts will find themselves generally in agreement with the principles of child rearing on which these pamphlets are based. They might be helpful for nursery educators and kindergarten teachers, who have a background in child psychology and understand the behavior of childhood; however, due to the minimum of explanation, some parents may become confused in applying the advice given. To this reviewer the pamphlets are less helpful than some of the leaflets on infancy published by The New York City Committee on Mental Hygiene. This may well be due to the fact that in these pamphlets the author attempts to cover the most complicated subject matter of child rearing in the shortest possible space.

ELISABETH R. GELEERD (NEW YORK)

PROBLEMS OF EARLY INFANCY. Transactions of the First Conference on the Psychological and Somatic Problems of Early Infancy. March 3-4, 1947. Edited by Milton J. E. Senn, New York: Josiah Macy, Jr. Foundation, 1947. 70 pp.

A group including psychiatrists, pediatricians, psychologists, educators, nurses, obstetricians, social workers, held a conference chiefly about the 'rooming-in problem' and the 'self-demand schedule'. Rooming-in is keeping the young baby with the mother

from birth. With this the self-demand schedule is instigated which does away with the rigid rules of timing and amount of nursing which are generally applied in lying-in hospitals. Although the general trend of the Conference was to agree with the two principles, a few discussants brought out clearly the danger that would arise if these two principles were applied rigidly, unindividualistically, and routinely. It was stated that those mothers who do not want to, had better not nurse their children. Immature, anxious mothers are not able, due to their own tensions, to help their babies establish their own schedules; also, many mothers, immediately after delivery, are physically and emotionally not able to deal adequately with an infant, who, due to the trauma of birth, is in a state which will upset the mother. Subsequently a vicious circle will be established.

ELISABETH R. GELEERD (NEW YORK)

LES MÉTHODES DE CHOC ET AUTRES TRAITEMENTS PHYSIO-PHARMACOLOGIQUES DANS LES MALADIES MENTALES. TRAVAUX AMÉRICAINS DE 1940 À 1946 (Shock Methods and Other Physiopharmacological Treatments in Mental Maladies. American works from 1940 to 1946). By Marcel Pahmer. Paris: Éditions Hippocrate, Le François, 1946. 95 pp.

This work, for the French reader, is, says its author, 'a succinct résumé of the mass of studies published in the American scientific press' on the treatments of mental diseases, and indeed the author does touch upon quite a heterogeneous mass of treatments beginning with the various shocks, proceeding to leucotomy, then to those multiple physiopharmacological techniques of which he reviews no fewer than thirteen, including vitamins and the anti-cytotoxic serum of Bogomoletz (which he calls cytotoxic serum), and concluding with notes on wartime psychiatry. It is not easy for the reader to orient himself. On page 55, the psychoanalyst will certainly be surprised to be told: 'The advantage of electric shock for the psychoanalysts who, on the whole, remain hostile to shock treatment, is that the patient hates the treatment, but not the doctor and that, according to Moriarty, makes the transference easy'; or, 'The absence of the superego prevents the formation of internal conflicts, therefore of psychoses' (p. 64). Such erroneous ideas on psychoanalysis cannot satisfy the reader.

PIERRE LACOMBE (NEW YORK)

L'ELECTRO-CHOC ET LA PSYCHO-PHYSIOLOGIE (Electric Shock and Psychophysiology). By Jean Delay. Paris: Masson & Cie., 1946. 169 pp.

This is a remarkably concise and clear exposition of three studies on the relationship between electric shock and the diencephalon: 1, interpretation of the electric convulsion; 2, electric shock and affects; 3, electric shock and consciousness (used throughout in the sense of vigilance). The author, professor of psychiatry at the Faculté de Médecine de Paris, classifies the psychotherapeutic action of shock under two headings: 1, regulation of the affects whose disorders are fundamental in the affective psychoses, which he calls 'thymic' psychoses and divides into (a) hyperthymias, characterized by stimulation of affects, euphoric in mania, painful in melancholia (manic depressive psychosis); (b) hypothymias, characterized by decrease of affects, as in schizophrenia; 2, regulation of consciousness in confusional and oneiric states. At this point there is sketched a particularly clear classification and short description of psychoses.

What is the mechanism of psycho-instinctual transformations brought about by electric shock? Data on man from clinicians and neuro-surgeons, and on animals through decerebration experiments, concerning the psychophysiological rôle of the diencephalon (a neuro-endocrine crossroad) verify the hypothesis expounded by J. Camus in 1912 on the existence in the diencephalon (more precisely in the hypothalamus) of a regulatory apparatus of the instincts, affects and consciousness. Besides causing coma and convulsion, shock acts on the diencephalon.

The action of shock is sedative in hyperthymias which seem to be connected with excitation of the diencephalon (ninety percent success in melancholia, less success in mania). It is stimulating in hypothymias which seem to be due to a depression of the diencephalon (in these cases, however, insulin shock works better than electric shock), thirty percent success. In confusional and dream states, electric shock is very effective (eighty-five percent success).

The author carefully stresses the limitations of shock therapy which does not act etiologically but only pathogenetically. Shock treatment interrupts the access of the disease, not the disease itself which recurs sooner or later. If the action of the shock is sometimes remarkable, even modifying the prognosis of the disease to a large extent, it can also be ineffective, even dangerous. In two groups of

conditions shock should not be applied: in the exogenous psychoses (traumatic, neoplastic, toxic-infectious) which obviously demand etiologic treatment, and in neuroses in which shock is totally useless, and due to their very nature, the author states should be treated only by psychoanalysis.

If clinical and experimental observations have shown that the diencephalon plays an important rôle in the regulation of instincts, affects and consciousness, they also show it is not the only factor in this regulation. There are interactions between the cerebral cortex and the diencephalon which brings neurovegetative, humoral and hormonal stimuli to the cortex on which it acts as animator, and the cortex in turn as its inhibitor.

The clear and convincing observations, the descriptions and classifications, the solid deductions and concepts found in this book make it a valuable contribution to the study of the problems of psychopathology.

PIERRE LACOMBE (NEW YORK)

RICHER BY ASIA. By Edmond Taylor. Boston: Houghton Mifflin Co., 1947. 432 PP.

Edmond Taylor is an intelligent, sensitive, political journalist who, after some fifteen years as a correspondent in France, served during the war as an expert in cloak-and-dagger psychological warfare, then spent several years in India. *Richer by Asia* is an interesting, colorful description of how, personally enriched by his experiences in the East and by the introspection they induced, Mr. Taylor became an ardent and eloquent missionary for the concept of one world not only as a universal political goal but as the specific means of the western individual's personal psychological integration.

In a foreword Mr. Taylor acknowledges a special debt to three books: *The Discovery of India* by Jawaharlal Nehru, *The Psychological Frontiers of Society* by Abram Kardiner, and *The Anatomy of Peace* by Emery Reves. Without being in any way directly derivative, *Richer by Asia* is an effort to reconcile in a personal context the problems considered in these three books. Mr. Taylor firmly believes that the human species is threatened with extinction—'The moment is unique, the issue without parallel, the experience without precedent'; that the danger lies in group aggression which arises from 'a kind of morbid group per-

sonality, an *ad hoc* paranoia' which 'expresses itself in systematic ideologies of delusion like those which have grown up around the communal conflicts in India'; that 'one world is needed to remove the most dangerous sources of collective delusion, but seemingly it cannot be realized unless they are removed'. Mr. Taylor also believes that 'the collective solution, one world, is the only conceivable one to the personal as well as the tribal problem. . . . We cannot achieve total unity within ourselves without effecting the unity of man, we cannot hope for maximum personal fulfilment except by integration into the tribe of man. . . . In striving for the unification of the world we promote unity in our own personalities, even if the world remains disunited. . . . One world can only be realized in the individual mind when it is attained for the world at large, yet when realization of this fact impels the individual to make his maximum contribution to the general attainment, it is almost as if his personal goal were already attained.'

This 'almost as if' is the key to Mr. Taylor's book. It amounts to a personal therapy by the device of projection on a cosmic scale. Mr. Taylor writes a language which relies heavily on psychoanalytic terminology and borrows extensively from religious metaphor. In an illuminating passage he says, 'I recognized that the accessibility to me of some of the simpler forms of religious experience prevailing in the Eastern cultures was due to the need for combating the antisocial elements in my personality which participation in the war stimulated. Pantheism was a needed antidote to the paranoid atmosphere of cloak-and-dagger activity, the magic of the jungle was a tonic to nerves depressed by massive doses of military bureaucracy, the perception of wholeness a balm to a mind divided against itself by the neurosis of war.' He adds, however, that he found military society 'a sort of brotherhood, akin in many ways to the religious brotherhoods', the members of the professional officer class 'the carriers and the priests'. On the whole, he felt, the military way of life had been an enrichment for him and his new religious sympathies 'were not merely an escape, a compensation, or the resolution of a psychic conflict. They were also a projection upon the world at large of the well-being induced by my successful integration into the wartime military society, an overflow of the sense of participation, brotherhood

and fulfilment resulting from this integration, and a search for still higher and more intense integrations.'

'Brotherhood' is the key word of the personal-via-collectivity religion Mr. Taylor has 'almost as if' attained by his therapy by projection. Having been saved, he sets out to save the world, and he devotes his 'personal generalship' to the problem of one world as 'one of conversion in the religious sense—conversion of hearts and minds, transformations of personality'. After having read a stern lecture to psychiatrists and psychoanalysts for their shortcomings, for thinking of themselves 'as a priestly class' (after having praised army officers on the same count), for insisting on a medical basis for psychological concepts, he dons his missionary robes.

'The whole modern concept of neurosis, which should be so fruitful', he writes, 'has done even less to solve the problems of mankind than the earlier concept of sin and error, because the psychiatrists who invented it were led by their medical training and the nature of the cases they studied to consider neurosis as an abnormality. . . . In reality, it is not the neurotic personality which is important to the world but the fragments of neurosis or delusion in normal men (including psychiatrists). . . . The world cannot be saved from destruction by eliminating clinical neurosis among individuals and groups. It can only be saved by eliminating the neurosis in normal men, which necessitates not only a doctrine for the psychic re-education of the human race, but the creation of political institutions that encourage the maximum integration of the average man. Peace, justice, social coöperation and freedom are psychiatric tools for the cure of neurosis, just as the concept of neurosis and the doctrine of the unconscious are the true foundations of political science. Psychiatry and political science should be subsidiary disciplines of a single science of human survival, but before they can be there is a concept of the unity of human experience lacking in our culture, which we must borrow from the East. At present, the myth of the individual as an indivisible social atom stalemates the science of man, as the atomic theory of nineteenth century chemistry, before Einstein and Curie, stalemated for some time the physical sciences.'

The analogy is typical of Mr. Taylor's missionary zeal which

leads him to say that 'we are all of us building the unity of man or plotting the end of the world'. Though he keeps on mentioning problems of personality, the individual is to him so much a myth that he considers such attributes as aggression almost exclusively in terms of their collective manifestations. His consideration of religion, however, remains on the level of the individual personality; and here we may have a clue to unconscious elements in the therapy by projection. Mr. Taylor lists his wartime commander, General William J. Donovan, with Ignatius Loyola, Lincoln, Sun Yat-sen and Lenin among the great leaders of history. He talks of Winston Churchill as having given the whole British people a Churchillian personality, and of Franklin D. Roosevelt as having transformed millions of American into temporary Roosevelts. Yet he takes great pains to avoid the father-son and son-father relationships as an element in the kind of religious experience he advocates as a panacea. This personal religion is specifically and exclusively fraternal. 'God', he writes, 'is that which, when considered and felt as All-Father, causes one to feel toward all men as brothers . . . East and West, the implicit goal of religion has always been a more perfect social integration, a more brotherly society.' The conception of God as a father-image (*not* an All-Father image) he dismisses as a remnant of childishness, with the implied suggestion that adults would do well to replace it by a brother-image.

But if Mr. Taylor in defense of his position were to say that the one world, which is to save us separately as well as collectively, is a fraternal universality of fraternal love without son-father conflict either within individuals or between them, one would be tempted to quote his words, 'Since brothers in Western families do not always get along well, the West has found it necessary to complement the God-symbol with the Christ-symbol, among other things a psychological device for making the older brother seem lovable'.

Mr. Taylor, a trained and skilful propagandist, has written an excellent political tract. But it will be no more useful, or rather no less useful, as a psychological peacefare device than it has been to Mr. Taylor himself in permitting him to 'save' himself without sitting under a Boh tree 'or lying on a psychoanalyst's couch.

PERCY WINNER (NEW YORK)

TRAINING IN CLINICAL PSYCHOLOGY. Transactions of the First Conference on Training in Clinical Psychology, March 27-28, 1947. Chairman: Dr. L. S. Kubie; Editor: Dr. M. R. Harrower. New York: Josiah Macy, Jr. Foundation, 1947. 88 pp.

This topic is discussed by more than a dozen participants. The discussions are summarized and commented upon by Dr. Lawrence S. Kubie who gives an informative illustration of the basic unsoundness of our present system of medical education, particularly so far as psychiatric training is concerned. Actually it takes about twenty years to educate an effectively useful psychoanalyst; therefore, Kubie concluded, the community has a direct interest in seeing whether it is not possible to train a man to do really sound and intelligent psychotherapy and to learn to do it within six years instead of taking twelve, as it does now from the start of medical school. Medical psychologists would be ready for work at about the age of twenty-eight '... with another two or three years of closely supervised work they would be fairly seasoned therapists with far more training in psychotherapy than most psychiatrists have had when they take their Board exams, except for those with analytic training'. Carl Binger emphasized in his thoughtful contribution some doubts of more general nature. 'I am not myself too optimistic about the mass production of therapists, no matter by what kind of training. The most challenging and pressing task is to understand the causes of neurotic illnesses and to do what we can to prevent them. . . . I do believe that both the clinical psychologist and the psychiatric social worker can make significant contributions to these two problems; perhaps greater than the person who is, by force of circumstance, committed to therapy.' Ernst Kris distinguished therapeutic analysis from didactic analysis. Didactic analysis '... should enable the therapist to use analytic insight under the changing circumstances of life in the continuous process of adjustment, which includes his reaction to the pathological material to which he will be exposed'. Ives Hendrick—who designates himself as a '... member of the preponderant group in the American Psychoanalytic Association who did not favor, and do not favor today, the training of laymen of any professional category for psychoanalytic therapy'—gives an instructive and historic outline of the development of the changing attitude toward laymen. He points out the difference between the continental and American scene,

and reports the decisions taken by the American Psychoanalytic Association in 1938, and the suggested changes in 1947. The value of this conference as reported in this book does not consist in any conclusions or decisions. The conference is, so to speak, a roll call for everybody concerned to take a stand in the rapidly changing situation and to do the necessary spade work, and to get oriented in this field for later coöperative work.

MARTIN GROTJAHN (LOS ANGELES)

THE ANALYSIS AND CONTROL OF HUMAN EXPERIENCES (The Individual Seen Through the Rorschach). By Paul Maslow. Brooklyn, New York: Published by the Author. Vol. I, 1946, 195 pp.; Vol. II, 1947, 229 pp.

In 1945, this author published a book entitled Rorschach Psychology, reviewed in this *QUARTERLY*, Vol. XV, 1946, No. 3. It was printed in mimeograph form by the Brooklyn College Press and contained essentially Mr. Maslow's private philosophy translated into his own Rorschach terminology. The present two volumes, privately printed, are an amplification of this previous book. Their general scope can be demonstrated by such chapter headings as: The Unity and Plurality of Purpose, The Mind in the Mass, Morale, The Analysis of Living, The Effect of Private Profit, The Estimation of National Strength as a Factor Leading to Fascism, Life and Death, etc. All this is rather puzzling to anyone who has the quaint idea that the Rorschach is only one of a battery of psychological tests.

These two volumes make difficult reading. Over one third of the material is given to quotations or paraphrased quotations. Quotation marks are frequently absent, and it is difficult at times to tell whether or not the ideas expressed are the author's. Instead of using the commonly accepted Rorschach terminology, Mr. Maslow has invented one of his own about which he says, 'It is true that the type of scoring outlined in this book is much more complicated than Rorschach's original, but we think that the greater insight in differentiating obtained is well worth the extra trouble'. What this greater insight in differentiating really means, however, is clearly revealed in another statement tucked away in the second volume.

'The additions made to the Rorschach technique in this book have not been validated in the approved scientific fashion. *Speculative* correlation between specific aspects of the personality and the Rorschach symbol rather than experimentation have been my method.'

To give an idea of the complexity of the scoring, movement responses alone are divided into ten categories: EM for extensor movement; LM, living movement; RM, restrained movement; FM, flexor movement; PM, personal movement; EAM, extensor animal movement; LAM, living animal movement; RAM, restrained animal movement; FAM, flexor animal movement; PAM, personal animal movement. All of the other types of responses are made equally complicated and all are, of course, equally nonvalidated. With the combinations and permutations of this alphabetical soup, he is able to discuss art, science, politics, religion, esthetics and, incidentally, psychology and the Rorschach test with ease and certainly with no fear of contradiction. Here is an example of the insight obtained with this method in a discussion of the individual's relation to society: 'On the one extreme of the attachment-detachment complex, is the magnetic, expansive, broad, mature, adjusted personality of the WDcMCFPS-PO individual; and on the other is the neutral, completely uncomplicated, shrunken personality of the DdTDF individual'. Certainly no one can disprove this statement, but it is equally certain that it is of no value.

Another good example of speculative research along psychiatric lines is as follows:

'The Rorschach has also unearthed the syndrome for a relatively common but unnoticed psychophysical illness which we call FM (FAM, FPM). The individual suffering from FM (flexor movement responses) does not have the solid, sturdy material that goes to make a strong integrated human being; on the contrary, he is so full of weak spots that he is, literally speaking, a psychophysical cripple. In the advanced stages, he tends to lose the will to live, ages prematurely, fades sexually, at an early age experiences a decline in extroversion, acquiring a pessimistic outlook on life and a fatalistic attitude toward himself. He tends to have more or less chronic aches and pains, disturbed heart action, tired feelings, hypertension, irritability, poor circulation generally in the legs, restless sleep, insomnia, inner trembling, poor muscular coördination, muscular tension, depression, deep feelings of dissatisfaction, resentment and failure, conversion hysterias, anxiety neuroses, phobias, compulsions, obsessions.'

This syndrome has not gone unnoticed by the patent medicine vendors.

The author's ideas about the Rorschach test are somewhat grandiose. He states that the Rorschach is not a limited specialty. 'It permeates and influences general medicine, surgery, obstetrics, and gynecology . . . Rorschachers should be appointed to the staffs of general hospitals with a status equal to that of other physicians and surgeons. . . . In industry, a full and efficient consultative Rorschach service should be available. Rorschachers should take part in the rehabilitation of patients after accident or illness.' In other words, the Rorschach, he feels, can be used not only for diagnosis but for treatment and also in a 'preventative capacity'. In connection with this, he makes one statement with which all psychiatrists can sympathize: 'The Rorschach is especially good at explaining behavior after it has occurred'. To him, The Rorschach Test is the alpha and omega of science.

'The separation of the sciences can be ended if the Rorschach, like a single system of circulation in the human body, is allowed to flow freely through all the sciences.'

After discussing how the Rorschach can be employed as an instrument to break down as well as build up people, to do ill as well as good, he contrasts the 'Rorschacher' with some of his competitors. A special section is reserved for the psychoanalysts who are amoral and, in their detachment of the individual from the social milieu, are unwilling to see and treat the patient's immediate family. They are ' . . . hampered by a dependence on F+ insight when it is faith that is primarily responsible for the establishment of mental stability'. However, the best comment on psychoanalysts is the one on page 226 of Volume II: 'Note that a psychoanalyst is *never* summoned to attend the dying'.

Frequently the author makes statements that make one feel that he regards the Rorschach responses as responsible for character traits or as the character traits themselves; for instance: 'Too much F+ acts as a gyroscope to keep him on the straightforward road leading to stereotypy'; again, 'Even as the intellect is dragged down by vague color responses, it still struggles to remain true to its own principles of sociality'. This type of semantic confusion is found throughout both volumes.

The insight into the human personality that the Rorschach

record has given the author at times appears to be too much for him, especially after examining his own Rorschach. He states that from his own experience as 'an F+ hypochondriac' he found it necessary to avoid reading medical text books or taking Rorschachs whenever he became neurotic, i.e., suffered from the neuroses observed in the records. He calls this 'Rorschach Poisoning', doubtably responsible for the symptoms he complains of on pages 54 and 55 of Volume II.

'Sometimes the examiner has had the strange experience of practically losing sight of the material person and reacting only to the beauty or ugliness of another's unseen and often unknown inner living experience.'

This slight detachment from reality, coupled with the author's grandiose ideas concerning the Rorschach, are especially interesting in view of his attitude toward the care to be observed in looking up the records, and his treating them as if they were all-revealing and like a magic mirror which had captured a portion of the patient's soul. All this, in conjunction with his extreme verbosity and repetitiousness, is more reminiscent of pre-ideational schizophrenia than F+ hypochondria.

One wonders why this book was ever written. It adds nothing valuable to the literature on the Rorschach Test, abnormal psychology, sociology, or any of the numerous subjects the author discusses. It is simply an interesting but uninformative study of the author's personal beliefs and leaves one with the feeling that he should have paid more attention to his own advice:

'The examiner should not take himself or the Rorschach too seriously or he will soon find himself, to his own grief, in a private world of his own, one which is real and true to himself but not to others.'

WILLIAM F. MURPHY (CAMBRIDGE, MASS.)

CHILDREN OF THE PEOPLE. By Dorothea Leighton, M.D. and Clyde Kluckhohn, Ph.D. Cambridge: Harvard University Press, 1947. 277 pp.

We have here the companion volume of *The Navaho* reviewed on p. 259 of Volume XVI of this *QUARTERLY*. The authors tell us in the preface that this book is the result of the coöperative efforts of a staff of field workers and an advisory committee. The authors discuss many aspects of Navaho life and psychology with

a wealth of detail hitherto unknown for any primitive (or half-primitive) tribe.

That North American Indian tribes use the cradleboard, the average white person would regard as a psychological trauma, but the authors have much to say in its defense. After explaining its practical importance, they write:

'In addition there are important psychological advantages to cradling. Birth must be an unpleasant experience to the child as well as to the mother. . . . The abrupt newness of this transition tends to be cushioned by the cradle. The cradle, like the womb, is a place where the movement is restricted, where support is always present and where changes resulting from movement or temperature fluctuation are minimized in their effect.' However on the next page the authors qualify this statement and comment on what may be looked upon as the traumatic character of the cradle. 'Perhaps the best judge of the cradling is the baby himself. There is evidence that during the first six months the protection of the cradle appeals strongly to the infant. Young babies will often try to be put back into their cradles and many of them do not sleep satisfactorily anywhere else. After about the sixth month, however, the infant apparently begins to feel the confinement a frustration, and will wail to be released.' Therefore we must regard the cradle as also traumatic. Perhaps it explains certain aspects of Navaho psychology, notably their passivity which in certain situations is an 'ironical obedience' to the cradleboard. These traits are described by the authors as personal withdrawal. 'Just as the Navaho child in a strange situation will sit tight (making no effort to get out of a car or refusing to get dressed in the doctor's office, even though these routines had long since been learned) so the adult Navaho faces white exploitation with passive resistance' (p. 108).

'The first smile is eagerly watched for. When visitors come to a hogan it is polite to inquire: "Has the baby laughed yet?" When it does so this is an occasion for rejoicing and for a little ceremony. The baby's hands are held straight by the mother and some member of the family (usually a brother or sister) puts a pinch of salt with bread and meat upon them. If you don't do this to the baby he won't feel very good, he won't be very healthy. . . . The person who sees the baby smile first should give

a present (with salt) to all other members of the family' (p. 29). This sounds like ancient Roman or European folklore. The infant (as in most primitive societies) is nursed whenever it desires the breast and a basic attitude of good object relations is thereby created (p. 31). Weaning is sometimes gradual, sometimes sudden. If it is sudden, that is because of the advent of a new baby. The mother may smear the juice of a chili pepper or other bad tasting substance on her nipples (p. 34). The authors say: 'From the very beginning Navaho take sexuality as natural and permitted' (p. 35); however, 'Youngsters are also conditioned into a strong sensitivity against exposure of their sexual organs' (p. 54). This must lead to the unconscious connection of guilt and sex. The mother sometimes strokes the naked genitals of the nursing baby, especially of the baby boy (p. 35). Training in hardihood as with other North American tribes is an important phase of the child's life. It consists mainly in foot races and rolling in the snow (pp. 56-57). They believe that scolding makes children sick (p. 58). Male puberty begins not with the growth of pubic hair—it would be immodest to notice this—but by the change of voice (p. 78).

The fear of menstrual blood and excessive modesty about exposure (p. 87) suggest strong castration anxiety. 'Sometimes small boys are told that the girl's vagina will bite off or injure the penis and it is significant that one of the best known Navaho myths is that of the *vagina dentata*. . . . A man who looks upon the sex organs of a woman will be struck by lightning' (p. 88). 'It is believed that too frequent intercourse even between married people will lead to madness, to bleeding in the genitals, or to being struck by lightning' (p. 89).

The authors contrast guilt as found in white society with 'shame' as the main regulator of behavior among the Navahos. 'Control of the individual is achieved in Navaho society primarily by "lateral sanction" rather than by sanctions from above. That is, the Navaho from childhood on is brought into line more by the reactions of all the people around him than by orders or threats of punishment from someone who stands above him in a hierarchy. Shame is the agony of being found wanting and exposed to the disapproval of others as opposed to the fear that some single superior person will use his power to deprive one of privileges if specified tasks are not carried out according to instructions'

(pp. 105-106). The unconscious origin of these two reactions is the same or, at least, they converge at a certain point.

Many passages in the book indicate that this is a preliminary publication based on the accumulated data of decades of work. We hope the authors will make all the data available to the psychologist and anthropologist.

GÉZA RÓHEIM (NEW YORK)

HYPNOTISM TODAY. By Leslie M. LeCron, B. A., and Jean Bordeaux, B.A., M.A., Ph.D. Foreword by Milton H. Erickson, M.D. New York: Grune and Stratton, 1947. 278 pp.

The faults of hypnosis as practised by an earlier generation lay not only in certain dangers and limitations inherent in the procedure, but in the generally inadequate knowledge of psychodynamics which prevailed at the time. The revival of hypnotism in recent years has shown promise only when combined with a sound orientation in psychopathology. LeCron and Bordeaux, two psychologists, who present an excellent exposition of the technique and phenomena of hypnosis, find themselves in difficulties when they undertake to elaborate upon the therapeutic aspects of this medium. They conscientiously report and endeavor to utilize modern methods of evoking past memories, suggesting dreams and employing other devices which have become familiar in hypnotherapy. In essence, however, their procedure goes little beyond the time-honored resort to symptomatic therapy based upon the authoritative suggestions of the hypnotist.

The fundamental limitations of this work emerge clearly from the case reports and the discussions. The authors concede that they have no satisfactory conception of the nature of 'rapport', and feel they can dismiss Ferenczi's belief that the hypnotist is a parent substitute with MacDougall's old argument that if such were the case, men could be hypnotized only by males and women by females. Such ludicrous assumptions show not only lack of understanding of psychoanalytic theory but deprive the hypnotist of the recognition and use of transference. The failure to appreciate the dynamic relationship of transference and resistance often makes the exploration of past memories a sterile search for the origin of symptoms whereby the meaning of screen memories, the function of the symptoms, and the complexities of personality are

overlooked. LeCron and Bordeaux, in their oversimplified approach to these problems, show the traditional failure of hypnotists to appreciate the complications and dangers which ensue from the cessation of symptoms and do not take into adequate consideration the vastly important reactions of the patient to the very process of hypnotism.

The resultant 'successes' can therefore arouse only misgivings when considered in terms of the full complexity of psychic processes. For instance, we would be far more dubious of any general use of hypnosis in child guidance clinics, particularly for nail-biting or temper tantrums, as advocated by the authors. We would regard hypnotic suggestions of unpleasant associations, like nausea, to inhibit alcoholism or sex perversions, as mere variants of castration threats and likely to precipitate severe mental reactions. On the whole, *Hypnotism Today* seems to embody too many of the undesirable features of the hypnotism of yesterday to do justice to the more promising potentialities of recent work in hypnoanalysis.

MARK KANZER (NEW YORK)

THE PSYCHOLOGY OF EGO-INVOLVEMENTS. Social Attitudes and Identifications. By Muzafer Sherif and Hadley Cantril. New York: John Wiley & Sons, Inc.; London: Chapman & Hall, Ltd., 1947. 525 pp.

The hopeful anticipation aroused by the title in this reviewer: 'He who says "ego" must also say "id"', was doomed to disappointment because the book is written for the test-conscious psychologist who is at home in the psychology laboratory, and who hardly considers psychoanalysis worthy of honorable mention. The first six chapters deal with attitudes, methodological considerations, experimental facts, and an attempt to define ego in terms of attitudes. In the seventh chapter, *The Genetic Formation of the Ego*, the analyst would expect to find a hint of genetic-analytic psychology, but no analytic formulation or concept or even author is mentioned. In a later chapter, *Ego-Involvements and Identifications in Group Situations*, one looks in vain for reference to such a landmark in group psychology as, for instance, Freud's *Group Psychology and the Analysis of the Ego*. It is hardly imaginable that thirteen chapters could be written with such systematic negligence of analytic

ego psychology. After having practically demonstrated that psychoanalysis does not exist, the authors conclude the book with an appendix-like chapter, *The Ego in Psychoanalysis*, culminating in *Why Psychoanalytic Formations Must Be Rejected*. Here no new or stimulating critical evidence is given. It is doubtful whether a book with such one-sided orientation could be of any value, even for the psychological technician who looks for information in his special part of the vast field of psychology.

MARTIN GROTHJAHN (LOS ANGELES)

WHAT IS PSYCHOLOGY: A Basic Survey. By Werner Wolff. New York: Grune & Stratton, 1947. 410 pp.

This survey written for students of psychology claims to emphasize '... that psychology is not static but dynamic, that it aims not at a mere classification of data but at their interrelationship, not at the surface but at the depth of behavior'. A twelve-page sketch of psychoanalysis is presented in a way that does not differ from what is known to readers of current newspapers or magazines. The author's criticism of Freud culminates in the following statements: 'Freud's terminology is a regression to animistic concepts; drives are personified, and inner psychological processes are pictured like actors performing a play. Psychoanalytic claims also seemed doubtful when investigated by scientific methods. . . . The basic fallacy of many psychoanalytic statements is their oversimplification on the one hand, their overcomplication on the other hand, and their overgeneralization in both respects.' As a grudging afterthought, it is admitted: 'However, in spite of all the objections to method, findings, and claims, it becomes more and more clear that the revolution of thought that Freud stimulated has changed the entire concept of psychology.'

MARTIN GROTHJAHN (LOS ANGELES)

THE PSYCHOBIOLOGICAL PROGRAM OF THE WAR SHIPPING ADMINISTRATION. Applied Psychology Monographs, No. 12. Edited by George G. Killinger. Stanford University, Calif.: Stanford University Press, 1947. 351 pp.

Through the establishment of a broad program by the War Shipping Administration, an attempt has been made to apply to the

personnel of an entire industry the skills, techniques, and experiences of the psychiatric and psychological professions. It is believed that the Psychobiological Service for the wartime United States Merchant Marine is unique in that it has reached practically every seagoing man in the industry. The major tasks are to screen out the many psychopathological and unsuitable individuals who are attracted to this type of employment, even though totally unsuited for it, and to assist in the adequate preparation, orientation, and training of every new man accepted into the industry. The development of the program, the experiences, and techniques are described in twenty-six chapters.

MARTIN GROTHJAHN (LOS ANGELES)

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ABSTRACTS

Further Notes on the Implications of Psychoanalysis: Metapsychology and Personology.

Marjorie Brierley. Int. J. Psa., XXVI, 1945, pp. 89-113.

Brierley complements in this paper a train of thought which she initiated in a previous paper (Notes on Metapsychology as Process Theory, Int. J. Psa., XXV, 1944). She sharply distinguishes between metapsychology, 'the objective impersonal theory of mental processes and their organization', and personology 'which would study the personality not as an abstraction or bundle of psychological abstractions, but rather as a vital organization, as the living psychic whole which *par excellence* it is'. This definition of personology is a slight variation of that of J. C. Smuts. More specifically, 'Psychoanalytic personology includes the whole of mental life, the dynamics and economics of the total personality'. Brierley demonstrates the nature and scope of psychoanalytic personology by discussing some basic concepts of psychoanalysis such as motivation and the total personality or reality testing. She believes that psychoanalysis could share in the creation of a *Lebensanschauung* which would be the effect of an adequate psychosociology. The *Weltanschauung* of science is by no means static, but develops in accordance with the development of the contributory sciences. Moreover Freud himself in spite of the low esteem in which he held *Weltanschauung* has made a great contribution to a new world outlook.

Brierley calls the *Lebensanschauung* which is implicit in psychoanalysis a neo-realistic humanism. It is intrinsic to psychoanalytic theory and practice. It can be characterized best by the quotation of her conclusion: 'The neo-realistic humanism . . . does not open up any prospects of personal or social perfection. It does not underestimate the difficulty of the psychosocial problems confronting modern man. Its attitude is neither optimistic nor pessimistic, it tries to view these problems impartially in the perspective of man's mental and social development. The positive contribution of psychoanalysis is a conception of human nature which not only throws light on the origins of these psychosocial problems, but also indicates some of the directions in which their solution may possibly be found.'

KURT R. EISSLER

Notes on Developments in the Theory and Practice of Psychoanalytic Technique.

S. M. Payne. Int. J. Psa., XXVII, 1946, pp. 12-19.

Payne recapitulates in chronological sequence the development of a theory of technique, indicating the various contributions made thereto and their subsequent modifications. In addition she stresses 'the recognition of the importance of the position of the body and the part played by muscular activity in overcoming ego defenses'. To this end is presented parts of the analysis of a patient suffering from severe depressions in whom such recognition was of great assistance. Finally reference is made to modifications in technique in the treatment of schizophrenics, followed by a discussion of various aspects of the problem of ego integration.

H.W.

Object Relationships and Dynamic Structure. W. Ronald D. Fairbairn. *Int. J. Psa.*, XXVII, 1946, pp. 30-36.

In this highly challenging paper, Fairbairn argues strongly for the theory that human organisms are primarily object-seeking and not pleasure-seeking, and correlatively, oral and genital expressions are not pleasure ends in themselves but rather the means or techniques whereby objects are captured. Anal and urinary aims are not primarily libidinal aims but expressions of wishes to rid the body of objects foreign to it; the resultant pleasure stems solely from the relief of tension and is a pleasure which occurs 'irrespective of the nature of the forces whose tension is relieved'. 'The fact is that tension-relieving is really a safety-valve process' which takes place when the satisfaction for object needs cannot be obtained. Behavior is from the very first oriented towards objects in outer reality and comprises three main stages: first, the object is the breast and the techniques for capturing it, oral; secondly, a transition stage leading to the third stage in which the object is the heterosexual genital and the means of attachment is one's own genital. In the first stage is found infantile dependency based on identification through incorporative processes. In the difficult transitional stage arise the 'defensive techniques'—which are 'the varying modes of dealing with internal objects' that were taken in during the first stage. It is in the early period of this stage that anal impulses play such a large rôle in attempts at getting rid of internalized objects. Finally in the third stage there evolves a mature mutual dependence with objects in which identification based on incorporation is at a minimum.

This exposition is followed by a description of the earliest developments of endopsychic structure as envisioned by Fairbairn. It is based on Melanie Klein's theory of internalized objects. It differs from Freud not only in that it is ultimately based on the repression of internalized objects but more fundamentally in that Fairbairn holds that 'both structure divorced from energy and energy divorced from structure are meaningless concepts' just as in physics energy is no longer something adhering to atoms but is a function of atomic structure. Thus, instead of the concepts of the ego and superego structures borrowing energy from a structureless id, Fairbairn conceives the psyche of the infant as originally a dynamic ego structure from which is subsequently split off a 'Libidinal Ego'—attached to the 'exciting or needed' part of the internalized bad object (corresponding to the id)—and an 'Internal Saboteur'—attached to the 'rejecting' part of the internalized bad object (corresponding to the superego). This is called the 'Basic Endopsychic Situation'.

H.W.

An Unusual Neurosis Following Head Injury. Elizabeth Rosenberg. *Int. J. Psa.*, XXVII, 1946, pp. 37-46.

This is a description of the psychodynamics of a posttraumatic syndrome—following a head injury which apparently left no permanent organic sequelæ—gleaned from the first seven weeks of psychoanalysis. This analysis revealed that the patient had been suffering from an underlying obsessional neurosis since childhood, due in part to a regression following an operation on his mother's genital. The trauma itself brought about a temporary organic frontal lobe

impairment, and the analytic findings seemed to indicate that this impairment acted as does leucotomy: it resulted in a disinhibition allowing a 'temporary advance from pregenital to genital activity'—a reversal of the original regression. When this genital activity led the patient into a personal relationship with a woman which he could not maintain, his neurosis burst forth. Rosenberg has set down an excellent description of the psychodynamics—which included powerful paranoid trends—as they appeared in the transference.

H.W.

On Group Analysis. S. H. Foulkes. *Int. J. Psa.*, XXVII, 1946, pp. 46-51.

This is a very interesting exposition of the development of group therapy and its practice by Foulkes (and his groups) in a British Army hospital during the last war. The results which accrued from this therapeutic method in such a situation were so rewarding that Foulkes is moved to say, 'the widest viewpoint . . . may see in it [group therapy] an instrument, perhaps the first adequate one, for a practicable approach to the key problem of our time: the strained relationship between the individual and the community'.

H.W.

The Treatment of Psychoneurosis in the British Army. H. A. Thorner. *Int. J. Psa.*, XXVII, 1946, pp. 52-59.

Thorner's army experience differed markedly from that of Foulkes.¹ Referring to Group Therapy he says, 'I have not used it and I am very sceptical about it. . . . I do not think that the main benefit of personal contact between doctor and patient can be replaced by any method.' The therapeutic methods employed by Thorner were those of the civilian psychotherapist (except for an unremitting analysis of negative transference which was always present) with modifications imposed by the great number of patients for whom each therapist was responsible. Among these modifications was a self-written history obtained from each patient which proved time-saving and quite valuable. Since the object of the army therapist is limited to restoring a soldier's efficiency, the therapeutic aim was often achieved simply by changing the soldier's job to one which avoided those factors which precipitated his illness. Army service, according to Thorner, produced no neurosis or psychosis not found in civilian life (although it brought latent illness to the surface) except possibly one based on extreme 'battle exhaustion' from which rapid recovery was made under simple sedation. 'The best prognosis of all psychiatric cases', Thorner believes, 'is found in those cases with a mild and short psychotic episode'.

H.W.

Hypnotism and Suggestion (1888). Sigmund Freud. *Int. J. Psa.*, XXVII, 1946, pp. 59-64.

Freud's preface—written just sixty years ago—to his translation of Bernheim's *De la suggestion et de ses applications à la thérapeutique* (1886) is here reprinted for the first time.

¹ Foulkes, S. H. *On Group Analysis*. *Int. J. Psa.*, XXVII, 1946, pp. 46-51.

The essay opens with a plea for hypnotism as a scientific therapeutic tool of great import which is safe in experienced hands and which can no longer be dismissed as a fakir's trick. Freud then goes on to discuss at length those reactions on the part of the hypnotized subject which went beyond the exact suggestions of the physician and were deemed 'physiological'. These reactions, Freud felt, were based on a phenomenon which he termed 'autosuggestion', set off by 'association of ideas' originating in the therapist's suggestions. ('Your eyelids are heavy' leads by association to falling asleep.) He goes on to say, '... suggestion only releases sets of manifestations which are based upon the functional peculiarities of the subject's system, and in hypnosis characteristics of the nervous system other than suggestibility make themselves felt'.

One might imagine that Freud's theory of the unconscious is foreshadowed in these pages for in a footnote to his translation of Bernheim's book he writes: 'It appears to me unjustifiable, and unnecessary, to assume that an executive act changes its localization in the nervous system if it is begun consciously and continued later unconsciously. It is, on the contrary, probable that the portion of the brain concerned can operate with a changing amount of attention (or consciousness).'

H.W.

Specific Types of Resistance in Orally Regressed Neurotics. Edmund Bergler. *Psa. Rev.*, XXXIV, 1947, pp. 58-75.

Psychodynamic analysis of oral regression reveals a triad mechanism. Originally there is a masochistic pleasure from refusal by a mother (image). This is succeeded by a conscious denial of the repetitious provocation of such refusal, and by pseudoaggression; finally these orally regressed neurotics thus find justification for their masochistic self-pity. Bergler discusses the manner in which this mechanism makes the analyst the bad, refusing mother in the transference. In the early stages of treatment, analytic technique has to be modified in order to deal with what Bergler describes as the 'silent', 'logorrhoeic' and 'draining' type of resistance. He argues that a knowledge of the layer structure of oral regression will often be of value in differentiating oral regression correctly from the hysteriform psychoneuroses, e.g., men with negative, and women with hyper-positive, œdipal fixations.

CAREL VAN DER HEIDE

Psychoanalytic Insight into Insomnia. Simon Rothenberg. *Psa. Rev.*, XXXIV, 1947, pp. 141-168.

The case histories and psychoanalytic therapy of two female patients, past fifty, served as a basis for the psychodynamic formulation of insomnia. In both the symptom occurred alone and late in life. Response to treatment was favorable.

Sleep disturbance results from failure of the integrating parts of the personality, particularly in the presence of unconscious death fantasies of long duration. But according to Rothenberg's observations, it is the overdetermination of an actual incident of death or imminence of death in the individual's reality history which produces the symptom of insomnia.

CAREL VAN DER HEIDE

Psychosomatic Aspects of Obesity. Alfred Shick. *Psa. Rev.*, XXXIV, 1947, pp. 173-183.

This is a report on a case of psychogenic obesity in a psychosexually immature girl. Depression and abnormal impulses to eat occurred at the age of seventeen following a sexual challenge. Obesity, hypometabolism and amenorrhœa subsequently developed. Analytic therapy (of which no details are presented) was successful in so far as eating spells became less frequent and a considerable reduction of weight and reappearance of the menses was achieved.

The well-known literature on psychogenic obesity is reviewed and the family constellation, the hereditary factors and the environmental influences in this particular case are discussed. Attention is called to the physiological nature of hunger in the obese who, because of a disturbed metabolism, are unable to use much of the ingested food for the fulfilment of their energy requirements.

CAREL VAN DER HEIDE

Lewis Carroll's Adventures in Wonderland. John Skinner. *American Imago*, IV, No. 4, 1947, pp. 1-31.

The artist attempts to resolve through the medium of his creative imagination some basic inner conflict. Skinner identifies the conflict that motivated Lewis Carroll in the creation of the Alice stories as a dilemma over assuming an adult masculine rôle. In life, Carroll dealt with the conflict by splitting his personality. He presented to the world a dual aspect: as Prof. Dodgson he was a pedantic, precise and austere Cambridge don with numerous compulsive traits; as Lewis Carroll, he loved children, yearned for an artistic career, and created children's stories. He never attained a mature object-relationship with a woman; instead, he showered his affections and attentions on young female children.

Lewis Carroll's revolt against an adult masculine rôle is seen in his hostility to little boys, his plastic feminine identification with young girls, and in the practices of reversal which characterized his life and literary productions. As Lewis Carroll, he reversed not only the name of Charles L. Dodgson, but his character and behavior as well. In the fantastic realms in which Alice finds her adventures, he effects a complete reversal of the real world. Much of his humor is based on reversal of the original intention of a thought and the childlike logic of Alice is a perversion and confounding of adult logic. Through his stories and poems, and in his letters, he takes a malicious, sadistic revenge on the world of adults, couching his aggression in the socially acceptable form of whimsy.

Lewis Carroll, who did not dare assume a masculine rôle, and feared and increasingly shunned the adult world, solved his dilemma by creating a fantasy world in which he could remain the eternal child. It is to the child within all of us that he makes his appeal through his Alice stories.

S. GABE

About the Symbolization of Alice's Adventures in Wonderland. Martin Grotjahn. *American Imago*, IV, No. 4, 1947, pp. 32-41.

The key to the unconscious meaning of the character of Alice is the symbolic equation girl-phallus. Grotjahn shows how strikingly and almost undisguisedly

this equation is revealed in the form and function of the 'Tambour Majorette'. However, the equation illustrated by the 'Majorette' cannot be directly applied to an interpretation of the unconscious meaning of Alice, for the 'Majorette' represents the phallus narcissistically admired but not used. Nor can another symbolic representation of the phallus—the Devil—be used for that purpose, since the Devil symbolizes the sinful function of the penis. A third symbolization, which is illustrated by dwarfs in fairy tales, represents the phallus stripped of all sexual potentialities yet remaining 'omnipotent and all-knowing, penetrating and victorious'. It is in the latter sense that Alice represents the symbolic equation girl-phallus, and her adventures represent a trip back into the mother's womb.

The progressive descent into the mother's womb leads to an increasingly regressive process of symbolization, in which words ultimately lose their object cathexes as in schizophrenia. As she regresses to the level of an almost catatonic stupor, Alice can express her state of existence only in such allegoric pictures as the lobster quadrille. The awakening of Alice is the book's weakest part, because the regression having gone further than in the usual fairy tale, the solution is not an ego integration but a compromise formation.

The function of such books as *Alice's Adventures in Wonderland* is to provide an artistic and testing regression, which opens a temporary guilt-free and anxiety-free communication to the unconscious. The necessary repressions and sublimations are thereby achieved with greater ease and with healthier results.

S. GABE

Modern Concepts of Genetics in Relation to Mental Health and Abnormal Personality Development. Franz J. Kallman. *Psychiatric Quarterly*, XXI, 1947, pp. 535-553.

Kallman again emphasizes the fact, which is often overlooked, that heredity exists in man as well as in other animals. Psychologists and psychiatrists overly occupied with cultural and environmental influences are apt to underestimate its importance. He points out that in mental disorders, similar results are produced by similar environmental circumstances in only a small fraction of the people exposed to them. He discusses the psychological and cultural influences which lead to the ignoring and minimizing of the hereditary factors, e.g., the desire to emphasize psychological and cultural influences for purposes of therapy, prevention and education; to minimize a fatalistic prognostic outlook; and to reduce the guilt and loss of self-esteem of relatives.

Abnormal life histories are the outcome of intricate interactions between different combinations of environmental circumstances and varying innate deficiencies in the capacity for mental adjustment and biological adaptation. Predispositions (potential responses to the environment) are inherited. These are developed or minimized by environmental stresses. He discusses the rôle of single and multiple hereditary factors in the causation of various mental and nervous disorders with emphasis on the genetic theory of schizophrenia to which he has contributed many important papers.

JOSEPH BIERNOFF

Experience with Group Psychotherapy as a Method of Treatment for Veterans.

Martin Grotjahn. *Amer. J. of Psychiatry*, CIII, 1947, pp. 637-643.

Grotjahn finds that group psychotherapy offers special advantages in a military setting because the soldiers are already conditioned to living in groups and because their special hostility to officers, including physicians, is mitigated by the group situation in which the individual soldier-patient feels more protected. Details of the sessions and suggestions as to their management are given. Grotjahn is of the opinion that such therapy gives the individual a feeling of confidence and emotional support in belonging to a group and provides opportunities for catharsis, development of insight and reintegration of personality patterns. Grotjahn concludes that group treatment has outgrown its character as an emergency measure and is growing into its own rights and functions within psychiatry.

MARK KANZER

Psychological Factors in Men with Peptic Ulcers.

Frederic T. Kapp, Milton Rosenbaum and John Romano. *Amer. J. of Psychiatry*, CIII, 1947, pp. 700-704.

Psychiatric studies of twenty male patients with peptic ulcer tend to confirm Alexander's hypothesis that an internal conflict over dependency desires, rather than total personality structure, is the essential psychogenic factor in this disorder. This work, which is based essentially on anamnestic material obtained in a few interviews with each case, adds little to our knowledge of the pathogenesis of the disorder and does not supply the control studies which alone can give meaning to the occurrence of such a common emotional conflict in relation to a specific disease entity.

MARK KANZER

Observations on Japanese Early Child Training.

Mildred Sikkema. *Psychiatry*, X, 1947, pp. 423-432.

Some students of Japanese culture have attributed the compulsive character structure of the Japanese to the severity of the infant's toilet and cleanliness training. However, a study of the children of Issei parents in Hawaii failed to reveal any indications of emotional trauma in the mother-child relationship referable to toilet training. Urination and defecation are not emotionally tinged in Japanese culture. The method of toilet training differs from that in the Western world but the quality of severity attributed to it may be only a projection of the Caucasian observer's own reaction to the method. Sikkema's data would indicate that Japanese parents tend to 'spoil' young children and that they early shift responsibility for the child's discipline and training to the school.

S. GABE

Bulletin of the Menninger Clinic, XI, Nos. 3 and 4, May and July 1947.

These two issues of the Bulletin are devoted to the Menninger Foundation School of Psychiatry and the Menninger Foundation School of Clinical Psychology. Each of these subjects is carefully and thoroughly explored. Particular emphasis is given to the philosophy of the schools and to the problems of training.

The selection of candidates and students is scientific and thoroughly worked out. The form, the technique and the material of the curricula are expertly stated. Both of these bulletins are models of systematic organization and scientific thoughtfulness directed to the problems of training.

RALPH R. GREENSON

Observations of a Psychiatrist in a Dermatology Clinic. Karl A. Menninger. Bulletin of the Menninger Clinic, XI, 1947, pp. 141-147.

Karl Menninger here reports his observations and reactions during six weeks spent in the Dermatological Section of the Mayo Clinic. He stresses the importance of shame reactions, the agony of itching and the fact that the sufferings of skin patients are vastly underestimated. A great percentage of dermatological practice is made up of illnesses which are predominantly, or at least significantly, determined by psychological factors. Unfortunately, the dermatologist is too busy to devote enough time to the psychological problems of his patients and until now psychiatrists have not studied enough of these problems, under research conditions and with thorough analysis, to promote a successful coöperative effort.

RALPH R. GREENSON

The Psychological Aspects of Skin Disease. Eric D. Wittkower. Bulletin of the Menninger Clinic, XI, 1947, pp. 148-168.

Wittkower studied briefly the personalities of patients with seborrhœa, psoriasis, and pompholyx and came to the following conclusions: the seborrhœic patients usually present an obsessional picture with a compulsive urge to work, perfectionistic trends, ambivalence and fear of aggressiveness; those with psoriasis do not seem to be bound to any specific personality pattern but many manifested clear-cut evidence of emotional disturbance; most of the pompholyx patients revealed a mixture of hysterical and obsessional characteristics. The author studied two hundred thirty-six such patients in interviews of about two hours each. His findings, therefore, are subject to the limitations of this method of investigation.

RALPH R. GREENSON

Psychoanalytic Observations on Skin Disorders. Bela Mittelmann. Bulletin of the Menninger Clinic, XI, 1947, pp. 169-176.

Mittelmann describes his findings in the case of a fifty-one-year-old married woman suffering from hypertension, depression, itching, dermatitis and angioneurotic edema. After one and a half years of treatment, Mittelmann was able to determine that the cutaneous symptoms were correlated with the patient's pathological need for love and care, her anxieties and hostilities. He establishes the fact that guilt feelings, fear of abandonment, erotization of the skin and depression were all interrelated in the clinical picture. However, in this brief paper he does not amplify sufficiently the conflicts around exhibitionism and the connection between cutaneous eroticism and the oral phase of libidinal development.

RALPH R. GREENSON

Psychodynamics in Parkinsonism. Gotthard C. Booth. *Psychosomatic Medicine*, X, 1948, pp. 1-14.

From the study of an unselected group of sixty-six patients with Parkinsonism, Booth concludes that the Parkinsonian personality is characterized by an urge toward action and by a striving for independence, authority and success within a rigid, moralistic code. Of genetic importance in this character configuration are such factors as a functional dominance of the locomotor system, identification with a dominant parent image, and an unfavorable position in sibling rivalry. The disease is precipitated by influences that disturb the dynamic equilibrium between an active, self-assertive life, and a rigid consideration of social responsibilities. The cardinal symptoms endeavor to gratify the Parkinsonian's dominant needs on a symbolic level. The therapeutic approach requires an appreciation of the typical personality traits of the Parkinsonian patients, in particular the excessive shame regarding failures and the need for purposeful activity.

S. GABE

Instincts and Homeostasis. Lawrence S. Kubie, M.D. *Psychosomatic Medicine*, X, 1948, pp. 15-30.

Instincts are patterns of behavior of the organism as a whole which serve to maintain a homeostatic equilibrium. They are composed of three elements: a biochemical source in tissue processes, an inherited yet modifiable neuronal synaptic pattern, and a psychological superstructure of compulsive and phobic mechanisms. 'There is no such thing as a simon-pure instinct devoid of the influence of psychologic forces.' Interposed between the biochemical processes and instinctual behavior are warning mechanisms which under ordinary circumstances are called into play before any actual tissue deprivation occurs. The warning mechanisms represent a dynamic equilibrium between 'normal phobic and normal compulsive psychological processes, which are the anlage of all pathologic distortions'. Instinctual aims and objects, in turn, become organized around the warning mechanisms. Instinctual activity becomes oriented not so much toward the chemical substances on which the organism directly depends, but rather toward interposed objects. As the mediators of all instinctual needs and gratifications, human objects come to play a predominant psychologic rôle. This concept of the nature of instincts brings into focus many problems which, Kubie hopes, will be subjected to research rather than to further controversy.

S. GABE

Case Study of an Atypical Two-and-a-Half-Year-Old. Round Table, 1947. Marion C. Putnam, Chairman; Beata Rank, Eleanor Pavenstedt, Irene N. Anderson, Ilse Rawson. *Amer. J. of Orthopsychiatry*, XVIII, 1948, pp. 1-30.

This most interesting report—which we hope will be followed by many more—is one of the first communications from the James Jackson Putnam Children's Center, established in 1943. The Center provides an all-day nursery school for psychiatric observation and psychoanalytic treatment of infants and preschool children. In the report is discussed in great detail the first year's work with a

two-and-a-half-year-old boy—one of a group of children under study whose mothers have suffered psychotic episodes—and his manic-depressive, depressed mother.

MAURICE R. FRIEND

Research in Psychotherapy. Round Table, 1947. Margaret Brenman, Chairman. Discussion by Lawrence S. Kubie, Carl R. Rogers, Merton M. Gill, Margaret Brenman, et al. *Amer. J. of Orthopsychiatry*, XVIII, 1948, pp. 92-118.

There is considerable agreement, in this round table discussion, on the need for more precise raw material for research. Dr. Kubie comes to the conclusion that films with sound tracks must be employed for restudy by other observers. 'In fact', he says, 'it is my opinion that without such records we will make no considerable progress'. He further stresses a coordinated, protracted, multiple research project in adequate psychiatric research institutes staffed by full time personnel. Drs. Gill and Brenman discuss the present status of research in psychotherapy, the training prerequisites for investigators and some of the inherent methodological problems. They emphasize not only objective recording but the transcription of the theoretical hypotheses and assumptions of the therapist, and the 'emotional context' of the interview. Pertinent open floor discussion follows.

MAURICE R. FRIEND

The Diagnostic and Prognostic Validity of the Rorschach Test in a Child Guidance Clinic. Miriam G. Siegel. *Amer. J. of Orthopsychiatry*, XVIII, 1948, pp. 119-133.

Twenty-six children, clients of the Jewish Board of Guardians, were retested at least one year after the original Rorschach had been performed. At the time of the first Rorschach there was 61.5% agreement with the psychiatric diagnoses. At the time of the second Rorschach, over a year later, agreement was 88.5%. In all instances of change of diagnosis, it was the psychiatric diagnosis that was changed rather than the psychological finding. A critical point of differential diagnosis was the ability of the individual to form object relationships. Case illustrations reveal the use of Rorschach retests as an index of therapeutic progress in a child guidance clinic.

MAURICE R. FRIEND

Investigations on Narcodiagnosis. F. A. Freyhan. *Arch. of Neurology and Psychiatry*, LVIII, 1947, pp. 704-709.

Freyhan investigated fifty-six patients representing all types of mental disorders, using intravenous sodium amytal. His purpose was to determine whether this method of investigation would reveal any correlations between diagnostic categories and types of response. The results of the study indicate that this method has potentiality as an instrument for psychopathologic investigation, but there is no clear-cut relationship between diagnostic categories and types of response.

RALPH R. GREENSON

Attitudes: Conscious and Unconscious. Nina Bull. *J. Nerv. and Ment. Disease*, CIII, 1946, pp. 337-345.

Through purely theoretical considerations an attempt is made 'to align the psychoanalytic concepts of unconsciousness and consciousness with psychological concepts of attitude, by explaining them both in terms of a single basic neuromuscular sequence'. Bull offers a tripartite concept of attitude: 1, the latent attitude, which is the nonconscious antecedent neural organization existing in the central nervous system; 2, the motor attitude, which is muscular and unconscious at first but conscious immediately after its establishment; 3, the mental attitude, which is the conscious feeling of the motor attitude and gives the sense of orientation and intention.

Theoreticians will find in this paper the old vintage of the James-Lange theory in a new and more elaborate glass. Clinicians will find all this quite abstruse.

KENNETH COLBY

Combat Exhaustion. Leo H. Bartemeier, Lawrence S. Kubie, Karl A. Menninger, John Romano and John C. Whitehorn. *J. Nerv. and Ment. Disease*, CIV, 1946, pp. 358-389 and 489-525.

This constitutes the report on the psychiatric disabilities precipitated in combat, by a special commission of civilian psychiatrists who made a study in the European theatre in the spring of 1945, under the auspices of the Office of Scientific Research and Development, at the request of the Neuropsychiatry Consultants Division of the Office of the Surgeon General. The clinical study begins with an extensive description of the social and psychological forces affecting the combat soldier. The one common emotional reaction is fear. The combat situation also releases a considerable amount of hostility, much of it in forbidden directions against members of his own team. Of the normal defenses which protected the soldier against these noxious factors, most significant is his position in the constellation of his social group, the combat team. His personal attachments—belonging to the group and feeling protected by its strength with a feeling of security resulting from training in the group and reliance on the leader—are of the utmost importance.

The group life of the combat soldier becomes his inner life. When his emotional bonds to the group are disrupted he, as a person, becomes disorganized. This disruption of group unity is a principal cause of the personality disorganization. The precipitating factor, especially under combat where there is no adequate recuperative pause, may be anything which alters the structure of the group with subsequent effect on the individual, or some event affecting the individual directly and subsequently his relation to the group. Precipitating events may have a double meaning in evoking old, buried and displaced emotions. For instance, a commanding officer's error may lead to expressions of exaggerated hostility and distrust, related originally to unresolved feelings of hatred toward a father. Likewise, the death of a comrade, loss of self-esteem, experience of a wound, the sight of another's mutilation, or friendly gestures from the enemy, may be precipitating events for a break with both immediate, realistic and hidden, old significances.

Only a small number of soldiers sought relief through desertion, surrender or self-inflicted wounds. The less sophisticated soldier may be able to achieve his goal by development of hysterical conversion symptoms. More intelligent soldiers feel their mental inadequacy.

So far as the problem of relative vulnerability is concerned the authors discount constitutional factors. Clinical data on deeply unconscious factors could not be investigated in this study.

The authors then delineate the various stages of the clinical picture of combat exhaustion: incipient stage, stage of partial disorganization and stage of complete disorganization. These are briefly but adequately described. It is emphasized that the clinical picture seen in combat exhaustion does not correspond either in its moderate or extreme form to any recognized or established psychiatric syndrome. The rapid recovery many soldiers make is also stressed.

After a lucid presentation of the problems of nomenclature, the treatment methods observed are described and discussed. Prolonged narcosis, modified insulin treatment, techniques of abreaction, group psychotherapy, and other devices are evaluated. The final sections are of considerable interest to the military psychiatrist.

NORMAN REIDER

The Literary and Historical Contributions of Dr. Smith Ely Jelliffe. C. P. Oberndorf. *J. Nerv. and Ment. Disease*, CVI, 1947, pp. 228-232.

Smith Ely Jelliffe died on September 25, 1945. Several papers in tribute to him are contained in this memorial issue of the journal he edited for many years.

Oberndorf briefly discusses Jelliffe's literary and historical contributions. He divides them into: (a) accounts of observations in medicine and psychiatry made on travels abroad; (b) papers of historical research, and (c) psychiatric interpretations of literature. All his writings, scientific as well as literary, showed a degree of articulate erudition achieved only by a genuine scholar.

KENNETH COLBY

Medical Information and Misinformation. Carl Binger. *Mental Hygiene*, XXXI, 1947, pp. 1-13.

In his own lucid and colorful style Binger stresses the urgent necessity for the dissemination of medical education to the lay public in more intelligible and more authentic fashion. The medical writer in this country, with a few notable exceptions, has been either diffident or awkward in writing in the language of the people. Public interest in medicine and particularly in psychiatry has therefore been met largely by those professional journalists and script writers whose slogan is melodrama rather than accuracy. Binger contrasts our unhappy situation in this respect with that of England, where outstanding scientists have apparently met this problem far more adequately. He closes his excellent paper on the somber note that there is little time left in which to raise the level of maturity to the point at which man may behave in more rational fashion.

JOSEPH LANDER

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